2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L0400000348 1, Entity Name ALQUIMIA HOSPITALITY GROUP, LLC Principal Place of Business Mailing Address 1627 BRICKELL AVE 1414 COLLINS AVE MIAMI BEACH, FL 33139 1207 US MIAMI, FL 33129 US DO NOT WRITE IN THIS SPACE -- - 6. Name and Address of Current Registered Agent D'ONOFRIO, JUAN P 1627 BRICKELL AVE

SIGNATURE AND TYPED OR PRINTED NAME SE SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90038 019 ****50.00



04042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-0548297		Not Applicable
5. Certificate of Status Desired		O Additional

DO NOT WRITE IN THIS SPACE

1207 MIAMI, Þ⊾		IN THIS SPACE		
the above the obligate signature.	ions of registered agent.	d office or registered agent, or both, in the State of Florida, I am familiar with, and accept $\sqrt{\bigcup_{DATE}} $ Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
STLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM D'ONOFRIO, JUAN P 1627 BRICKELL AVÉ, SUITE 1207 MIAMI, FL 33129			
TITLE NAME STREET ADDRESS GUY-ST-ZIP				
OTTE HAME STREET ADDRESS OJTY-ST-ZIP	·	DO NOT WRITE		
NAME NAME STREET ADDRESS COLY-ST-ZIP		IN THIS SPACE		
THILE HAME STPEET ADDRESS SEY-ST-ZIP				
HILE HAME STREET ADDRESS CITY-ST-ZIP	N			
it. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				