2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# L04000013472

Entity Name: LA CUISINE AT CORAL GABLES, L.L.C.

Current Principal Place of Business:

50 ARAGON AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

6801 NW 82 AVE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 56-2933110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAUBEKA, JOSU
6801 NW 82 AVE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GAUBEKA, JOSU
Address: 6801 NW 82 AVE
City-St-Zip: MIAMI, FL 33166

Title: MGR ( ) Delete
Name: BENSON, KIMBERLY
Address: 6801 NW 82 AVE
City-St-Zip: MIAMI, FL 33166

Title: MGR ( ) Delete
Name: CANGE, ROBERT
Address: 6801 NW 82 AVE
City-St-Zip: MIAMI, FL 33166

Title: MGR ( ) Delete
Name: HERMANN, ANDREW
Address: 6801 NW 82 AVE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSU GAUBEKA MGR 03/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date