2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-31-2006 90025 016 ****55.00 DOCUMENT # L04000021813 1. Entity Name R.F. OKEECHOBEE STOP, LLC AGBART 3C Principal Place of Business Mailing Address 2990 N.W. 24TH STREET 2990 N.W. 24TH STREET MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. 4. etc. 01162006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State - 0956 Not Applicable Country Country Zio \$5.00 Additional Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROZENCWAIG, LESLIE A ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ROZENCWAIG & FERRERO-CARR 301 WEST HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME FLORES, ORESTES NAME STREET ADDRESS 2990 NW 24 ST STREET ADDRESS MIAMI, FL 33142 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE C Delete ☐ Change ☐ Addition NAME MANIE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-71P INTLE TITLE ☐ Oeleta ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP De sta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY. ST. 7IP CITY-ST-79 Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- 2P CITY-SI-ZP Change TITLE Delete IUITE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. TED NAME OF SIGNING MANAGING MEMBER, MANAGER, ON AUTHORIZED REPRESENTATIVE

FILED

Feb 27, 2006 8:00 am Secretary of State



February 3, 2006

R.F. OKEECHOBEE STOP, LLC 2990 N.W. 24TH STREET MIAMI, FL 33142

Subject: R.F. OKEECHOBEE STOP, LLC

Reference Number:

L04000021813

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION