

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 27, 2005 8:00 am
Secretary of State

04-29-2005 90044 027 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000020004																																																																																						
1. Entity Name EL SALADERO USA, LLC																																																																																						
Principal Place of Business 3206 GREEN'S AVENUE ORLANDO FL 32804			Mailing Address 3206 GREEN'S AVENUE ORLANDO FL 32804																																																																																			
2. Principal Place of Business 3206 GREEN'S AVENUE Suite, Apt. #, etc.			3. Mailing Address 3206 GREEN'S AVENUE Suite, Apt. #, etc.																																																																																			
City & State			City & State																																																																																			
Zip	Country	Zip	Country	4. FEI Number 86-1103622																																																																																		
				Applied For <input type="checkbox"/> Not Applicable																																																																																		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																						
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																			
DANN, CARL III 3206 GREEN'S AVENUE ORLANDO FL 32804 3206 GREEN'S AVENUE			Name																																																																																			
			Street Address (P.O. Box Number is Not Acceptable)																																																																																			
			City																																																																																			
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																			
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 Florida. I am familiar with, and accept the obligations of registered agent.																																																																																						
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____																																																																																						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																																																																																						
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGR CARL DANN III</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>3206 GREEN'S AVENUE ORLANDO, FL 32804</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGR RICHARD ADAMS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>4236 WILLOW BAY DRIVE WINTER GARDEN, FL 34787</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	MGR CARL DANN III		CITY - ST - ZIP	3206 GREEN'S AVENUE ORLANDO, FL 32804		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	MGR RICHARD ADAMS		CITY - ST - ZIP	4236 WILLOW BAY DRIVE WINTER GARDEN, FL 34787		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																																																																																						
SIGNATURE: 4/25/05 (407) 722-0145 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																						