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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN JUN - 6 2006

COVER LETTER

TO: Registration Section` Division of Corporations	
SUBJECT: Martini Bar of Miami, LLC (Name of Limited)	d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Gary S. Phillips, Esq.	
(Name of Person)	· · · · · · · · · · · · · · · · · · ·
Phillips, Cantor & Berlowitz, P.A. (Firm/Company)	OF JUN-2 PH 12: 38
4000 Hollywood Blvd.	PH RPOR
(Address)	2 PH 12: 38
Hollywood, FL 33021 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
	966-1820
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liabil	ity company is: Martini Ba	ar of Miami, LLC	
2. The mailing address of the lin	nited liability company is:	4000 Hollywood B.vd,	Suite 375 South
Hollywood, FL 33021			
04-28-04		L04000032320	
3. Date of filing/registration in F		4. Document number	
5. The name of the registered age Florida Department of State:	ent and the registered offic	e address as shown on the	e records of the
•	S. Phillips, Esq.		
<u></u>	Name		
4000	Hollywood Blvd., Suite	265 South	06 VSE
	Address		
Holly	wood, FL 33021 City, State and 2	7:n	-2 PAR
6 TTI	•	•	P P
6. The name and address of the n	ew registered agent and/or	office:	M STA
Gary	S. Phillips, Esq.		SECRETARY OF STATE IS NOT STORE THE CORPORATIONS 1015 1018 -2 PM 12: 38
1000	Name		6 5
· · · · · · · · · · · · · · · · · · ·	Hollywood Blvd., Suite	·	
Florid	da street address (P.O. Box	(NOT acceptable)	
Hollyv	vood FL 330	021	
•	City, State and Zi	p	
If the limited liability company is confirmed that after the change of and the business office of the reg liability company, it is hereby co of the members of the limited lia or the operating agreement of the (Signature of a member or authorized representation of the Change of Signature of a member of authorized representation of the Change of Signature of a member of authorized representation of the Change of Signature of a member of authorized representation of the Change of Signature of a member of authorized representation of the Change o	or changes are made, the Fl istered agent will be ident infirmed that the change(s) ability company or as other is limited liability company	orida street address of the ical. Or, in the case of a l was/were authorized by rwise provided in the artic	e registered office Florida limited an affirmative vote
I hereby accept the appointment comply with the provisions of all and I am/familiar with and accept that the chapter 1008, F.S. Or, if this doc address I hereby confirm that the (Signature of Registered Agent)	as registered agent and a statutes relative to the pro of the obligations of my po ument is being filed to me e limited liability company	gree to act in this capacit per and complete perfori sition as registered agent rely reflect a change in th has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
Division of Co	orporations, P.O. Box 632	27, Tallahassee, FL 323	14

FILING FEE: \$25.00