## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 24, 2008 8:00 am Secretary of State

DOCUMENT # L04000037852  1. Entity Name HABANA GRILL I, LLC					03-24-2008 90234 034 ***138.75					
937 W. STATE ROAD 436, SUITE 1095 937 W. STATE		Mailing Address 937 W. STATE ROAD 436 ALTAMONTE SPRINGS, F	ATE ROAD 436, SUITE 1095		60016567					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address 801 W. STATE ROAD 436		436						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122008	Chg-LLC	CR2E083	(12/06)		
City & State		City & State ALTAMONTE SPRINGS FL		FL	4. FEI Numbe 20-1309			<u> </u>	plied For t Applicable	
Zip	Country	<sup>Zip</sup> 32714	Country A			of Status Desired	Fee	.00 Add Required		
	6. Name and Address of Current		<del></del> -		Address of New Re	gistered Age	nt			
GARCIA, M.A. III				Name RUBEN PEREZ  Street Address (P.O. Box Number is Not Acceptable)						
601 N. NEW YORK AVE, STE 201 WINTER PARK, FL 32789			80	SOL WEST STATE ROAD 436						
				SUITE 2229 City. El Zip Code						
8. The above	named entity submits this statement to	egistered office o	TAM ( r registere	n/TC O	PRINGS n, in the State of Flori	da. l.am.fam	<i>327</i> iliar with,	and accept		
the obligat	tions of registered agent.					r	hulas	?		
	ignature, typed a frinted name of registered agent a	and title if applicable, (NOTE:	Registered Agent signal	ture required v	when reinstating)	•	DATE			
	11 /									
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75						check paya Department			
			10.				Department			
9.	y 1, 2008 Fee will be \$538.75  MANAGING MEMBE		TITLE	Presi	OENT	Florida	Department CHANGES		Addition	
9. TITLE NAME	MANAGING MEMBE MGR PEREZ, RUBEN	RS/MANAGERS	. TITLE NAME	•		Florida ADDITIONS/C	Department CHANGES	of State		
9.	y 1, 2008 Fee will be \$538.75  MANAGING MEMBE	RS/MANAGERS	TITLE	•		Florida	Department CHANGES	of State		
9. IIILE NAME STREET ADDRESS	MANAGING MEMBE  MGR  PEREZ, RUBEN  937 WEST S.R. 436, #1095	RS/MANAGERS	NAME STREET ADDRESS	937 VICE P.	W. STATE	Florida ADDITIONS/C	Department	of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE  MGR  PEREZ, RUBEN  937 WEST S.R. 436, #1095	RS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME	937 VICE P. ROBE 937 (	W. STATE LELIOEUT ELT COYI W. STATE	ADDITIONS/O	Department	of State	Addition	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE TITLE TITLE TITLE	MANAGING MEMBE  MGR  PEREZ, RUBEN  937 WEST S.R. 436, #1095	RS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-Z:P TITLE NAME STREET ADDRESS CITY-ST-Z:P TITLE	937 VICE P. ROBE 937 (	W. STATE LELIOEUT ELT COYI W. STATE	ADDITIONS/O ROAD 436 VE ROAD 436	Department CHANGES F	of State	Addition	
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11. 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 or file receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

PED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/1/18 407-925-979