

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2008 90234 034 ***138.75

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DOCUMENT # L04000037852 1. Entity Name HABANA GRILL I, LLC			
Principal Place of Business 937 W. STATE ROAD 436, SUITE 1095 ALTAMONTE SPRINGS, FL 32714		Mailing Address 937 W. STATE ROAD 436, SUITE 1095 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 801 W. STATE ROAD 436 2229 City & State ALTAMONTE SPRINGS FL Zip 32714 Country USA	
City & State ALTAMONTE SPRINGS FL		4. FEI Number 20-1309066	
Zip 32714 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, M.A. III 601 N. NEW YORK AVE, STE 201 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name RUBEN PEREZ Street Address (P.O. Box Number is Not Acceptable) 801 WEST STATE ROAD 436 SUITE 2229 City ALTAMONTE SPRINGS FL Zip Code 32714	
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		DATE 4/11/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME PEREZ, RUBEN	TITLE PRESIDENT	NAME PEREZ, RUBEN
STREET ADDRESS 937 WEST S.R. 436, #1095	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS 937 W. STATE ROAD 436	CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714
TITLE VICE PRESIDENT	NAME ROBERT COYNE	STREET ADDRESS 937 W. STATE ROAD 436	CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714
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TITLE VICE PRESIDENT	NAME ROBERT COYNE	STREET ADDRESS 937 W. STATE ROAD 436	CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714
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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:		DATE 4/11/08	