FILED Jun 06, 2005 8:00 am Secretary of State 04-27-2005 90020 049 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400050274 1. Entity Name CEVICHE BAR, LLC								
Principal Place of Business Mailing Address					1			
4990 SW 80 Miami, FL 3		4990 SW 80 STREET MIAMI, FL 33143			 	17 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	0008867	1111 El 1811
2. Principal P	Tace of Business ——	-3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. FEI Numb	935539)	pptied For ot Appticable
Zip	Country	Zip Count		itry		e of Status Desired	S5.00 Ad Fee Require	ditional
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
TDICKINSON, JAIME 4990 SW 80 STREET MIAMI, FL 33143				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	le
8. The above named ontity 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating) DATE								
Filing Fee is \$50.00 Due by May 1, 2005							s check payable to Department of Stat	·
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGR	☐ Defeta	ntu	·			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DICKINSON, JAIME 4990 SW 80 STREET MIAMI, FL 33175			ET ADORESS -ST-ZIP				ı
TITLE	MGR	☐ Delete	រពារ	·			Change	☐ Addition
"STREET ADDRESS CITY-ST-ZIP	DICKINSON, SHERIDAN 1244 PLACETAS AVENUE MIAMI, FL 33146			E Et adoress -S1-ZDP	_	- -		•
TITLE		☐ Delate	IIILI				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E Et adoress - St- Zip				
TITLE		☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADORESS -S1-ZIP				
TITLE		□ Deleta	TITL				☐ Change	Addition
MAME STREET ADDRESS CITY-ST-ZIP				E Et adoress - S1-ZIP				ĺ
TITLE		☐ Deleta	IITU	l l			Change Change	Addition
STREET ADDRESS CITY-ST-ZIP				E ET ADORESS -ST-ZIP				
11. I hereby certify that the information supplied with this filling 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 that my signature shall have the same legal effect as if made under eath; 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.								
4-20-05 305-627-6000								
SIGNATURE: 7 SIGNATURE : 7 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysing Prove #								