
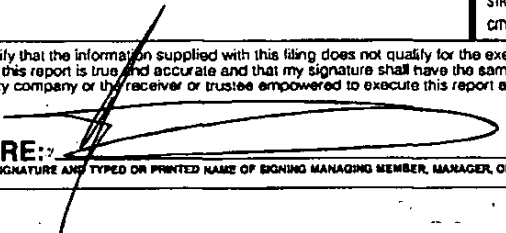


FILED  
Jun 06, 2005 8:00 am  
Secretary of State

04-27-2005 90020 049 \*\*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # L04000050274</b>  |   |  |   |
| 1. Entity Name<br>CEVICHE BAR, LLC  |   |   |   |
| Principal Place of Business<br>4990 SW 80 STREET<br>MIAMI, FL 33143   |   | Mailing Address<br>4990 SW 80 STREET<br>MIAMI, FL 33143                           |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent                                       |   |
| DICKINSON, JAIME<br>4990 SW 80 STREET<br>MIAMI, FL 33143  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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 reappointing) DATE _____  |   |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   | Make check payable to<br>Florida Department of State                              |   |
| 9. MANAGING MEMBERS/MANAGERS  |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DICKINSON, JAIME<br>4990 SW 80 STREET<br>MIAMI, FL 33175 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DICKINSON, SHERIDAN<br>1244 PLACETAS AVENUE<br>MIAMI, FL 33146 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:   |   | 4-20-05 305-627-6000  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Date Daytime Phone #  |   |