2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # L04000050956 04-26-2007 90032 048 ****50.00 EL SÁLADERO AMERICA, LLC Principal Place of Business Mailing Address PAAATAAA 3206 GREENS AVE 3206 GREENS AVE ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 34-2003829 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANN, CARL III Street Address (P.O. Box Number is Not Acceptable) 3206 GREENS AVE ORLANDO, FL 32804 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete Change ☐ Addition DANN, CARL III NAME NAME STREET ADDRESS 3206 GREENS AVE STREET ADDRESS ORLANDO, FL 32804 CITY-ST-ZIP CITY-ST-7IP MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME ADAMS, RICHARD STREET ADDRESS 4236 WILLOW BAY DR STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

ER, OR AUTHORIZED REPRESENTATIVE

FILED