

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079098

FILED
May 16, 2005
Secretary of State

Entity Name: A & M SQUARE FOOD SERVICE, LLC

Current Principal Place of Business:

2100 PONCE DE LEON BLVD., SUITE 901
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2100 PONCE DE LEON BLVD., SUITE 901
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 41-2158191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALONSO-POCH, MANUEL
2100 PONCE DE LEON BLVD., SUITE 901
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NUNEZ, JULIO
Address: 2100 PONCE DE LEON BLVD., SUITE 901
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALONSO-POCH, MANUEL
Address: 2100 PONCE DE LEON BLVD., SUITE 901
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: EDWIN, RICHARD
Address: 2100 PONCE DE LEON BLVD SUITE 901
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MANUEL ALONSO-POCH

MGR

05/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date