


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90078 038 ****50.00

DOCUMENT # L04000084569	
1. Entity Name MR. SAKE LLC	

Principal Place of Business 10800 BISCAYNE BOULEVARD - #850 MIAMI, FL 33161	Mailing Address 10800 BISCAYNE BOULEVARD - #850 MIAMI, FL 33161
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2. Principal Place of Business 1450 NE 123rd Street	3. Mailing Address 1800 NE 171st
Suite, Apt. #, etc. Suite 115	Suite, Apt. #, etc.

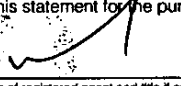
City & State North Miami, FL	City & State North Miami Beach, FL
Zip 33161	Zip 33162
Country USA	Country USA



07132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2164534		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ROSENBERG, CHARLES 10800 BISCAYNE BOULEVARD - #850 MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Rosenberg, Charles Street Address (P.O. Box Number is Not Acceptable) 1800 NE 171 Street City North Miami, FL Zip Code 33162

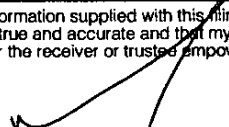
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Norman Brooks** 8/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROSENBERG, CHARLES 10800 BISCAYNE BLVD MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, NORMAN 13225 BISCAYNE ISLE TERR NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:  **Norman Brooks** 8/09/06 (305) 981-8661
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #