

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091377

FILED  
May 02, 2006  
Secretary of State

Entity Name: CAFE GABRIEL LLC

**Current Principal Place of Business:**

912 ORANGE ISLE  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

912 ORANGE ISLE  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

FEI Number: 20-1981307      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:**

HUTSLAR, STUART JAMES  
912 ORANGE ISLE  
FORT LAUDERDALE, FL 33315      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/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HUTSLAR, STUART JAMES  
Address: 912 ORANGE ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGRM      ( ) Delete  
Name: HUTSLAR, LETICIA GABRIE  
Address: 912 ORANGE ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33315

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STUART JAMES HUTSLAR

MGR

05/02/2006

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