## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000093018

1. Entity Name
ART DISTRICT CAFE, LLC



FILED Apr 11, 2007 8:00 am Secretary of State

04-11-2007 90153 022 \*\*\*\*55.00

Principal Place of Business

C/O THE GOLDMAND PROPERTIES COMPANY 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139 Mailing Address

C/O THE GOLDMAND PROPERTIES COMPANY 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2050270

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LEVINSON, EDWARD E ESQ. 407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139

## DO NOT WRITE IN THIS SPACE

			· IN I	HIS SPACE	
	named entity submits this statement for the purpose of char- tions of registered agent.	nging its registere	d office or registered agent, or both,	in the State of Florida. I am familiar with, and acce	eol Pot
SIGNATURE.	Signature, typed or printed name of registered agent and trile if applicable	(NOTE: Registered	Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, CHARLES J 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZiP	MGRM GOLDMAN, R. ANTHONY 804 OCEAN DRIVE, 2ND FLOOR MIAM! BEACH, FL 33139	;			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO I	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP	•				•.
TITLE			·		

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-4-17 305-531-441

Daytime Phone