
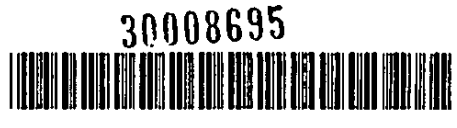


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-24-2006 90057 042 ****50.00

DOCUMENT # L05000005653			
1. Entity Name INTERSUSHI DELIVERY, LLC			
Principal Place of Business 701 BRICKELL AVENUE, STE. 3000 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVENUE, STE. 3000 MIAMI, FL 33131	
2. Principal Place of Business 110 BRICKELL AVE. Suite, Apt. #, etc. 404		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33131	Country	Zip	Country
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, STE. 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: FRANCISCO J. CUESTO Street Address (P.O. Box Number is Not Acceptable): 110 BRICKELL AVE SUITE 404 City: MIAMI FL Zip Code: 33131	
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: FRANCISCO CUESTO S. DATE: 04/21/2006			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MEMBER/MANAGING DIRECTOR NAME FRANCISCO J. CUESTO STREET ADDRESS 110 BRICKELL AVE #404 CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MEMBER/DIRECTOR NAME FRANCISCO CUESTO S. STREET ADDRESS 110 BRICKELL AVE #404 CITY-ST-ZIP MIAMI FL 33131	<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: FRANCISCO CUESTO S.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #



01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 43-2072348 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required