

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010849

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: PARADISE CAFE, PEMBROKE LAKES, L.L.C.

## Current Principal Place of Business:

11401 PINES BLVD STE 508  
PEMBROKE PINES, FL 33026

## New Principal Place of Business:

## Current Mailing Address:

782 NW 42 AVE  
637  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 20-7300238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KORNBLAU, HERBERT  
11401 PINES BLVD STE 508  
PEMBROKE PINES, FL 33026 US

## Name and Address of New Registered Agent:

SINGLETARY, JAMES T  
11401 PINES BLVD STE 508  
PEMBROKE PINES, FL 33026 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: JAMES T SINGLETARY

04/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KORNBLAU, HERBERT  
Address: 11401 PINES BLVD STE 508  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Delete  
Name: SINGLETARY, JIM  
Address: 11401 PINES BLVD STE 508  
City-St-Zip: PEMBROKE PINES, FL 33026

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

## ADDITIONS/CHANGES:

Title: MEMB (X) Change ( ) Addition  
Name: MILLER, EDWARD S  
Address: 11401 PINES BLVD STE 508  
City-St-Zip: PEMBROKE PINES, FL 33026

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

Title: MEMB ( ) Change (X) Addition  
Name: N.S.S. MANAGEMENT INC.  
Address: 11401 PINES BLVD STE 508  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify 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: JAMES T. SINGLETARY

MGRM

04/21/2009

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