


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90079 046 ****50.00

DOCUMENT # L05000011767					
1. Entity Name PARADISE CAFE GROUP, L.L.C.					
Principal Place of Business 12415 ROCKLEDGE CIRCLE BOCA RATON, FL 33428			Mailing Address 12415 ROCKLEDGE CIRCLE BOCA RATON, FL 33428		
2. Principal Place of Business - No P.O. Box # 19575 Biscayne Blvd Suite, Apt. #, etc. <u>Ste 1409</u>		3. Mailing Address 782 NW 42 Ave Suite, Apt. #, etc. <u>Suite 637</u>			
City & State Aventura, FL Zip <u>33180</u> Country		City & State Miami, FL Zip <u>33126</u> Country		04092007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-2329331				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				60046305	
6. Name and Address of Current Registered Agent KORNBLAU, HERBERT 12415 ROCKLEDGE CIRCLE BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name <u>Kornblau, Herbert</u> Street Address (P.O. Box Number is Not Acceptable) <u>11401 Pines Blvd # 308</u> City <u>Pembroke Pines</u> FL Zip Code <u>33026</u>		
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 <u>[Signature]</u> DATE <u>4-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORNBLAU, HERBERT 12415 ROCKLEDGE CIRCLE BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11401 Pines Blvd # 308 Pembroke Pines, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGLETARY, JIM 13920 SW 104TH AVENUE MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	19575 Biscayne Blvd, # 1409 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>04/25/07</u> Daytime Phone # _____	