

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011767

**FILED**  
**Apr 10, 2009**  
**Secretary of State**

**Entity Name:** PARADISE CAFE GROUP, L.L.C.

**Current Principal Place of Business:**

19575 BISCAYNE BLVD  
SUITE 1409  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

782 NW 42ND AVE  
SUITE 637  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 20-2329331      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KORNBLAU, HERBERT  
11401 PINES BLVD  
SUITE 308  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

DIAZ & ASSOCIATES, INC.  
782 NW 42 AVENUE  
SUITE 637  
MIAMI, FL 33126 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: LAZARO R. DIAZ

04/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM ( ) Delete  
Name: SINGLETARY, JIM  
Address: 19575 BISCAYNE BLVD SUITE 1409  
City-St-Zip: AVENTURA, FL 33180

**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 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: JIM SINGLETARY

PRES

04/10/2009

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