

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013720

FILED
Mar 21, 2006
Secretary of State

Entity Name: RINCON CUBANO CAFE LLC

Current Principal Place of Business:

18268 50TH ST. N
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

18268 50TH ST. N
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-2318648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE ST.
#185
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

ABELLA, MIGUEL
18268 50TH ST N
LOXAHATCHEE, FL 33470 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: MIGUEL ABELLA

03/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ABELLA, MIGUEL SR
Address: 18057 ORANGE GROVE BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: ABELLA, MARTA
Address: 18057 ORANGE GROVE BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: ABELLA, MIGUEL JR
Address: 18268 50TH ST.N
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

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

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 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: MIGUEL ABELLA

MGR

03/21/2006

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