
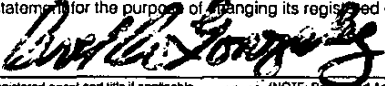
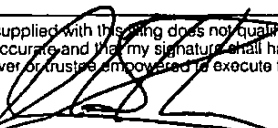


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90035 018 ***138.75

DOCUMENT # L05000014842 1. Entity Name TROPICAL RIBS, LLC			
Principal Place of Business 12801 WEST SUNRISE BLVD., SAWGRASS MILLS M 857 SUNRISE, FL 33323		Mailing Address 1604 WEEPING WILLOW WAY HOLLYWOOD, FL 33019	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2088 SW 137 AVE. Suite, Apt. #, etc.	
City & State Zip		City & State Miami, FL Zip 33175	
Country		Country	
4. FEI Number 75-3183390		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A 18851 NW 29TH AVENUE, SUITE 900 ROTH, ROUSSO, KATSMAN & SCHNEIDER, LLP AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Avel A. Gonzalez, PA Street Address 2088 SW 137 Avenue City Miami FL Zip 33175	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOIHMAN, RICHARD 18801 NE 29 AVENUE AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY, ABRAHAM 18801 NE 29 AVENUE AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____			

50008329



07182008 Chg-LLC CR2E083 (12/06)