2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L05000014842

Entity Name: TROPICAL RIBS, LLC

Current Principal Place of Business:

12801 WEST SUNRISE BLVD. #857
SAWGRASS MILLS M
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

2688 SW 137 AVENUE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 75-3183390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AVEL A. GONZALEZ, PA
2688 SW 137 AVENUE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GOIHMAN, RICHARD
Address: 18801 NE 29 AVENUE
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete
Name: LEVY, ABRAHAM
Address: 18801 NE 29 AVENUE
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: ABRAHAM LEVY MGRM 01/26/2009

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