


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90043 041 \*\*\*\*50.00

<b>DOCUMENT # L05000025719</b>	
1. Entity Name <b>TWISTED MARTINI, LLC</b>	

Principal Place of Business <b>9200 SOUTH DADELAND BLVD., STE. #412 MIAMI, FL 33156</b>	Mailing Address <b>9200 SOUTH DADELAND BLVD., STE. #412 MIAMI, FL 33156</b>
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**60040560**

2. Principal Place of Business - No P.O. Box # <b>9350 S. Dixie Hwy</b>	3. Mailing Address <b>9350 S Dixie Hwy</b>
Suite, Apt. #, etc. <b>Penthouse V</b>	Suite, Apt. #, etc. <b>Penthouse V</b>
City & State <b>Miami FL</b>	City & State <b>Miami, FL</b>
Zip <b>33156</b>	Country <b>USA</b>



04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2513119</b>		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 <b>ESPINOSA, JOHN 9200 SOUTH DADELAND BLVD., STE. #412 MIAMI, FL 33156</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable) <b>9350 S. Dixie Hwy</b>		
City <b>Miami</b>		
State <b>FL</b>		Zip Code <b>33156</b>

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 KATES, BARRY 9200 SOUTH DADELAND BLVD., STE. #412 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9350 S. Dixie Hwy</b> <b>Miami, FL 33156</b> <b>Penthouse V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-23-07**

**305.670.4501**