2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State
04-24-2006 90057 044 ****50.00

DOCUMENT # L05000059443

1. Entity Name
INTERSUSHI DADELAND, LLC

30008694

Principal Place of Business	Mailing Address
701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131

01102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1110 Brickell Ave.	Same
Suite, Apt. #, etc.: 404	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33131 Country	Zip Country

4. FEI Number: 20-3043046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	Name: Francisco J. Cueto Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Ave #404 City: Miami FL Zip Code: 33131

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: Francisco Cueto S.
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER / MANAGING DIRECTOR Francisco J. Cueto S. 1110 Brickell Ave #404 Miami FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER / DIRECTOR Amada Rodriguez 1110 Brickell Ave #404 Miami FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER / DIRECTOR Bruno Cueto 1110 Brickell Ave #404 Miami FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Francisco Cueto S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #