

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064881

**FILED**  
**Apr 14, 2008**  
**Secretary of State**

**Entity Name:** NATURAL CHICKEN PARTNERS, LLC

**Current Principal Place of Business:**

815 NW 57TH AVE. STE 405  
MIAMI, FL 33126

**New Principal Place of Business:**

7321 LOS PINOS BLVD  
CORAL GABLES, FL 33143

**Current Mailing Address:**

815 NW 57TH AVE. STE 405  
MIAMI, FL 33126

**New Mailing Address:**

7321 LOS PINOS BLVD  
CORAL GABLES, FL 44143

**FEI Number:** 20-3082988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LESTER, PAUL A  
201 ALHMABRA CIR.  
SUITE 601  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

CANTOR, SAMUEL J  
2499 GLADES ROAD  
SUITE # 210  
BOCA RATON, FL 33431 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: SAMUEL J. CANTOR

04/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ESPINOSA, FRANCISCO A  
Address: 815 NORTHWEST 57TH AVENUE SUITE 405  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ESPINOSA, FRANCISCO A  
Address: 7321 LOS PINOS BLVD  
City-St-Zip: CORAL GABLES, FL 33143

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: FRANCISCO A. ESPINOSA

MGR

04/14/2008

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