


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90105 035 \*\*\*\*55.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # L05000079401</b>                        |  |  |
| 1. Entity Name<br><b>4 THE OCCASION BANQUETS, LLC</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>14506 SW 138 PLACE<br/>MIAMI, FL 33186 US</b> | Mailing Address<br><b>14506 SW 138 PLACE<br/>MIAMI, FL 33186 US</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>14441 COUNTRYWALK DR.</b> | 3. Mailing Address<br><b>14506 SW 138 PL</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                          |

|                                 |                                  |
|---------------------------------|----------------------------------|
| City & State<br><b>MIAMI FL</b> | City & State<br><b>MIAMI, FL</b> |
| Zip<br><b>33186</b>             | Zip<br><b>33186</b>              |
| Country<br><b>USA</b>           | Country<br><b>USA</b>            |



05162006 Chg-LLC CR2E083 (11/05)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>HUNNICUTT, LOURDES<br/>14506 SW 138 PLACE<br/>MIAMI, FL 33186</b> |  |
|---|--|

|  |  |
|--|--|
| 4. FEI Number<br><b>04-383-8245</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent        |  |
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable) |  |
| City <b>FL</b> Zip Code                            |  |

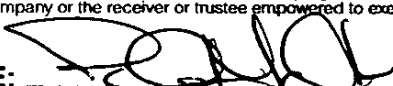
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HUNNICUTT, LOURDES<br>14506 SW 138 PLACE<br>MIAMI, FL 33186 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CASERO, ISABEL<br>14506 SW 138 PLACE<br>MIAMI, FL 33186 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DENMARK, DAVID<br>14506 SW 138 PLACE<br>MIAMI, FL 33186 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GONZALEZ, PATRICIA<br>14506 SW 138 PLACE<br>MIAMI, FL 33186 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:**  **PATRICIA GONZALEZ, MEMBER, LLC** **786-797-7846** **5/22/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #