

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90093 011 ****55.00

DOCUMENT # L05000088867					
1. Entity Name MY LITTLE CAPTAIN GOURMET, LLC					
Principal Place of Business 18400 NW 75 PLACE 130 MIAMI, FL 33015			Mailing Address 18400 NW 75 PLACE 130 129 MIAMI, FL 33015		
2. Principal Place of Business 18400 NW 75 PLACE		3. Mailing Address 18400 NW 75 PLACE			
Suite, Apt. #, etc. UNIT 129		Suite, Apt. #, etc. SUITE 129			
City & State Miami FL		City & State Miami FL			
Zip 33015		Country USA		Zip 33015	
Country USA		Country USA			
6. Name and Address of Current Registered Agent COTO, RENE E ESQ. 6625 MIAMI LAKES DRIVE 327 MIAMI LAKES, FL 3301			7. Name and Address of New Registered Agent Name: COTO, RENE E. ESQ. Street Address (P.O. Box Number is Not Acceptable): 6625 Miami Lakes Drive 327 City: Miami Lakes FL Zip Code: 3301		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCADO, JOSE LUIS 17044 SW 51 COURT MIRAMAR, FL 33027 <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	MGRM MERCADO, ALTAGRACIA 17044 SW 51 COURT MIRAMAR, FL 33027 <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: <u>Jose Luis Mercado</u>			Date: <u>7/13/06</u> Daytime Phone #: <u>305-401-46 56</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					