

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100967

Entity Name: RIPPLEHOULETTES LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 561168
MIAMI, FL 33256

New Principal Place of Business:

13211 SW 51 STREET
MIAMI, FL 33175

Current Mailing Address:

POST OFFICE BOX 561168
MIAMI, FL 33256

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRADE, CARLOS A
9940 SW 58 STREET
MIAMI, FL 33256 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRADE, CARLOS A
Address: PO BOX 561168
City-St-Zip: MIAMI, FL 33256

Title: MGRM () Delete
Name: VILLIERS, ADRIANA P
Address: PO BOX 561168
City-St-Zip: MIAMI, FL 33256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRADE, CARLOS A MGRM
Address: PO BOX 561168
City-St-Zip: MIAMI, FL 33256

Title: MGRM (X) Change () Addition
Name: VILLIERS, ADRIANA P MGRM
Address: PO BOX 561168
City-St-Zip: MIAMI, FL 33256

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: CARLOD A FRADE

MGRM

04/27/2007

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