


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

07 MAY 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000103742		
1. Entity Name ALTON RESTAURANT MANAGEMENT, L.L.C.		

Principal Place of Business 1101 BRICKELL AVENUE 1102 NORTH TOWER MIAMI, FL 33131 DA	Mailing Address 1101 BRICKELL AVENUE 1102 NORTH TOWER MIAMI, FL 33131 DA
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 30-0371669	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CETRARO, OSCAR A 15295 S.W. 107TH LANE 1012 MIAMI, FL 33196-4545
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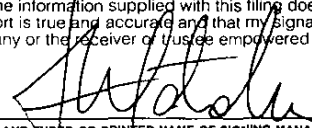
7. Name and Address of New Registered Agent	
Name Alvaro Castillo B., P.A.	
Street Address (P.O. Box Number is Not Acceptable)	
1390 Brickell Avenue, Suite 200	
City Miami,	FL Zip Code 33131

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  Signature, typed or printed name of registered agent and title if applicable.	DATE 5-11-07 (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SECOND WIND HOLDINGS, L.L.C. 1101 BRICKELL AVE, SUITE 1102 NORTH TOWER MIAMI, FL 33131 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400103738494 05/01/07 01055-025 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Hector R. Lopez Date 5-11-07	(85) 371-5540 Daytime Phone #
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