2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107791

Entity Name: ARCHIE'S AVENTURA, LLC

FILED May 12, 2008 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

18841 BISCAYNE BOULEVARD AVENTURA, FL 33180

Current Mailing Address:

New Mailing Address:

1985 NW 88 CT, #201 DORAL, FL 33172

717 PONCE DE LEON

SUITE 212

CORAL GABLES, FL 33134

FEI Number: 20-3753302

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

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

717 PONCE DE LEON

DIAZ-SARMIENTO, GABRIEL S 1985 NW 88TH COURT STE 201 MIAMI, FL 33172

SUITE 212

VARON, MAURICIO

CORAL GABLES, FL 33134 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: MAURICIO VARON

05/12/2008

Electronic Signature of Registered Agent

Date

05/12/2008

MANAGING MEMBERS/MANAGERS:

MGRM () Delete

FOOD DEVELOPMENT COR, PORATION Name:

Address: 1985 NW 88 CT, #201

City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete

Name: TERRA NOVA INVESTMEN, TS, INC.

Address: 1985 NW 88 CT. #201

City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete MALDONADO, IGNACIO Name:

1985 NW 88 CT, #201 Address: City-St-Zip: MIAMI, FL 33172

SIGNATURE: MAURICIO VARON

ADDITIONS/CHANGES:

Title: (X) Change () Addition

FOOD DEVELOPMENT COR, PORATION Name:

Address: 717 PONCE DE LEON SUITE 212 CORAL GABLES, FL 33134

City-St-Zip:

Title: MGRM (X) Change () Addition Name: TERRA NOVA INVESTMEN, TS, INC. Address: 717 PONCE DE LEON SUITE 212

City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change () Addition

Name: MALDONADO, IGNACIO

717 PONCE DE LEON SUITE 212 Address: City-St-Zip: CORAL GABLES, FL 33134

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.

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