


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90092 018 ****50.00

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| DOCUMENT # L06000008185 | | | |  | |
| 1. Entity Name CUMBIA'S RESTAURANT AND BAR, LLC | | | | | |
| Principal Place of Business 5595 DOUG TAYLOR CIR ST JAMES CITY, FL 33956 US 1725 E. OAK ST ARCADE FL | | | Mailing Address 5595 DOUG TAYLOR CIR ST JAMES CITY, FL 33956 US 4120 SW PCL. # 6 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Aradine | | | City & State Cap Coral FL | | |
| Zip | | Country | | Zip | |
| Desoto | | Desoto | | 33914 | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| NORENA, BLANCA S 4520 SW 8TH PL 6 CAPE CORAL, FL 33914 | | | Name fel (939) 7075554 | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL 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 reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NORENA, BLANCA S 4520 SW 8TH PL APT 6 CAPE CORAL, FL 33914 | <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: SPJ/S | | | | Date: 05/17/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |