

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061461

FILED
Feb 19, 2008
Secretary of State

Entity Name: EMERALD CATERERS NORTH, LLC

Current Principal Place of Business:

1200 NORMANDY DRIVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

3001 PRAIRIE AVENUE
MIAMI BEACH, FL 33140

Current Mailing Address:

1200 NORMANDY DRIVE
MIAMI BEACH, FL 33141

New Mailing Address:

3001 PRAIRIE AVENUE
MIAMI BEACH, FL 33140

FEI Number: 20-5918548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHANTZ, LAWRENCE M ESQ.
2525 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 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: HAYES, MARK
Address: 1200 NORMANDY DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR () Delete
Name: GONZALEZ, DOMINGO
Address: 1200 NORMANDY DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAYES, MARK
Address: 3001 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR (X) Change () Addition
Name: GONZALEZ, DOMINGO
Address: 3001 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

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: MARK HAYES

MGRM

02/19/2008

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