


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90045 032 ****50.00

DOCUMENT # L06000068051 1. Entity Name PAULA'S TIKI CAFE, LLC					
Principal Place of Business 11220 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455			Mailing Address P.O. BOX 1995 HOBE SOUND, FL 33475		
2. Principal Place of Business - No P.O. Box # 8949 S.E. Bridge Rd		3. Mailing Address P.O. Box 1995			
Suite, Apt. #, etc. Suite 222		Suite, Apt. #, etc. 			
City & State Hobe Sound, FL		City & State Hobe Sound, FL		4. FEI Number 20-8819692	
Zip 33455		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACRI, PAULA S 11220 S. E. FEDERAL HIGHWAY HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name Macri, Paula S. Street Address (P.O. Box Number is Not Acceptable) 8949 S.E. Bridge Road Suite 222 City Hobe Sound FL Zip Code 33455		
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 <u>Paula S. Macri</u> DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACRI, PAULA S P.O. BOX 1995 HOBE SOUND, FL 33475	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Paula S. Macri</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/23/07 Daytime Phone # 725463197		

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