
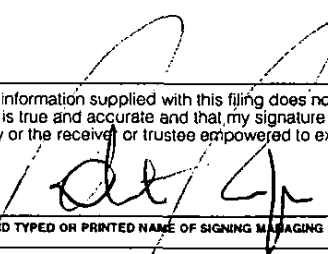


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90198 017 \*\*\*\*50.00

<b>DOCUMENT # L06000076539</b> 1. Entity Name <b>BISTRO 52 OF DELRAY BEACH LLC</b>					
Principal Place of Business <b>3363 NE 163RD ST. SUITE 707 N. MIAMI BEACH, FL 33160 US</b>			Mailing Address <b>3363 NE 163RD ST. SUITE 707 N. MIAMI BEACH, FL 33160 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country			
4. FEI Number <b>20-5315734</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01172007    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>SAMPSON, JULIE 2455 HOLLYWOOD BLVD 213 HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent Name <b>Julie Sampson</b> Street Address (P.O. Box Number is Not Acceptable) <b>3363 NE 163RD ST SUITE 705</b> City <b>FL</b> Zip Code <b>33160</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to: Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUGGERI, ROBERTO 1500 OCEAN DRIVE #703 MIAMI BEACH, FL 33139 <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	MGR NAMNUM, EDUARDO 100 E. ATLANTIC AVE DELRAY BEACH, FL 33444 <input checked="" 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	<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	
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	
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	
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.					
<b>SIGNATURE:</b>  <b>ROBERTO RUGGERI</b> Date <b>1/17/07</b> Daytime Phone # <b>212-593-3570</b>					

ATTACHMENT

30007010

#L06000076539

**KOZLOWSKI & TANCREDI**

**Certified Public Accountants**

110 Bowman Drive  
Greenwich, Connecticut 06831

1187 Yonkers Avenue  
Yonkers, N.Y. 10704

Frank L. Tancredi, CPA  
Robert V. Kozlowski, CPA

Tel (203)531-0784  
Fax (203)531-0783  
Tel (914)557-4948

Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

Re: Bistro 52 of DelRay Beach LLC  
EIN:20-5315734  
Annual Report  
Letter Ref#:607A00022388

To Whom It May Concern:

We are the accountant's for the above company and are writing this letter in regards to your department returning the 2007 LLC Annual Report for failure to supply on Box 4 the Federal Id#20-5315734. Enclosed please find the report with Box 4 completed.

We apologize for any inconvenience and ask that you adjust your records. If you should have any further questions feel free to call.

Sincerely,



Frank Tancredi  
April 30, 2007