

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087664

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: HOFBRAU BEERHALL MIAMI LLC

**Current Principal Place of Business:**

943 LINCOLN ROAD  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

943 LINCOLN ROAD  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 65-1289797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HUESMANN, NICOLE J  
150 ALHAMBRA CIRCLE  
SUITE 1150  
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: MGR ( ) Delete  
Name: PERISIC, SASHA  
Address: 400 ALTON ROAD, #807  
City-St-Zip: MIAMI BEACH, FL 33139  
  
Title: MGR ( ) Delete  
Name: URTIZBEREA MARTINEZ, UNAI  
Address: 31 SE 5TH STREET #1611  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PERISIC, SASHA  
Address: 140 MERIDIAN AVE. # 344  
City-St-Zip: MIAMI BEACH, FL 33139  
  
Title: MGR (X) Change ( ) Addition  
Name: URTIZBEREA MARTINEZ, UNAI  
Address: 2625 COLLINS AVE # 510  
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: SASHA PERISIC

MGR

04/24/2008

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