


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90356 021 ****50.00

DOCUMENT # L06000107407	
1. Entity Name WREST 2, LLC	

Principal Place of Business C/O ANDRES ELOY GARCIA ARZOLA 10362 CANOE BROOKS BOCA RATON, FL 33498	Mailing Address C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., SUITE #2000 MIAMI, FL 33131
---	---

2. Principal Place of Business - No P.O. Box # 10829 SW 42nd ST Suite, Apt. #, etc.	3. Mailing Address 10829 SW 42nd ST Suite, Apt. #, etc.
--	--

City & State MIAMI, FL	City & State MIAMI, FL
--------------------------------------	--------------------------------------

Zip 33173	Country USA	Zip 33173	Country USA
---------------------	-----------------------	---------------------	-----------------------



01232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5855090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ. 201 S. BISCAYNE BLVD., SUITE #2000 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name 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 May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JA RESTAURANT HOLDINGS, LLC		NAME Johnny Mercado	
STREET ADDRESS 10362 CANOE BROOKS		STREET ADDRESS 10362 Canoe Brooks	
CITY-ST-ZIP BOCA RATON, FL 33498		CITY-ST-ZIP Boca Raton, FL 33498	
TITLE	<input type="checkbox"/> Delete	TITLE manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Victor Fung	
STREET ADDRESS		STREET ADDRESS 10362 Canoe Brooks	
CITY-ST-ZIP		CITY-ST-ZIP Boca Raton, FL 33498	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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?

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #