

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90039 047 \*\*\*138.75

DOCUMENT # L06000109772  
 1. Entity Name  
 EL RINCONCITO SALVADORENO # 2 LLC



Principal Place of Business      Mailing Address  
 7336 40 WEST ATLANTIC BLVD      7336 40 WEST ATLANTIC BLVD  
 MARGATE, FL 33063                  MARGATE, FL 33063

**DO NOT WRITE IN THIS SPACE**



03042008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number      Applied For  
 20-5884807      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TORRES, SANDRA  
 7336 40 WEST ATLANTIC BLVD  
 MARGATE, FL 33063

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]*      DATE: \_\_\_\_\_

(NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TORRES, SANDRA
STREET ADDRESS	7336 40 WEST ATLANTIC BLVD
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	MGR
NAME	HERNANDEZ, JUAN
STREET ADDRESS	7336 40 WEST ATLANTIC BLVD
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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]*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

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