

2008 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT

FILED

08 SEP -4 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09022008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000059644 1. Entity Name LAS 6 K, LLC					
Principal Place of Business 7778 N.W. 116TH AVENUE MIAMI, FL 33178			Mailing Address 7778 N.W. 116TH AVENUE MIAMI, FL 33178		
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 74-3217577				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 TERMINELLO, LOUIS J ESQ TERMINELLO & TERMINELLO, P.A. 2700 S.W. 37TH AVENUE MIAMI, FL 33133			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 _____					
Amended AR is \$50.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINILLA, CARLOS 7778 N.W. 116TH AVENUE MIAMI, FL 33178	<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	MGR PINILLA, DAVID 7778 N.W. 116TH AVENUE MIAMI, FL 33178	<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	
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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.					
SIGNATURE:			9-2-08 305-444-5002		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

L07000059644

POWER OF ATTORNEY

Known All Men By These Presents:

That **DAVID PINILLA** as **MANAGER** of **LAS 6 K, LLC.**, has constituted and appointed, and by these presents does make, constitute and appoint **LOUIS J. TERMINELLO, NANCY TERMINELLO, SAMUEL A. RUBERT, MONICA ANDERSON** and **MICHELLE ACEBAL** true and lawful attorneys for him and in his name, place and stead;

This instrument authorizes **LOUIS J. TERMINELLO, NANCY TERMINELLO, SAMUEL A. RUBERT, MONICA ANDERSON** and **MICHELLE ACEBAL** to: Receive or obtain any and all confidential information; submit any changes to any part of any application; have full power to perform any act or acts necessary and appropriate; and to substitute for said taxpayer, applicant, permit holder or licensee, solely, specifically, and exclusively in conjunction with a zoning application and/or an alcoholic beverage license application, before the State of Florida's Department of Revenue; Department of Public Health; Division of Hotels and Restaurants; the Division of Alcoholic Beverages and Tobacco; and the City of MIAMI and MIAMI-DADE County's Building and Zoning Department.

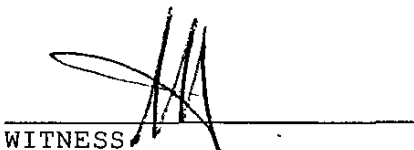
Giving and granting unto **LOUIS J. TERMINELLO, NANCY TERMINELLO, SAMUEL A. RUBERT, MONICA ANDERSON** and **MICHELLE ACEBAL** said attorneys full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as he might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that **LOUIS J. TERMINELLO, NANCY TERMINELLO, SAMUEL A. RUBERT, MONICA ANDERSON** and **MICHELLE ACEBAL** said attorneys or their substitutes shall lawfully do or cause to be done by virtue hereof.

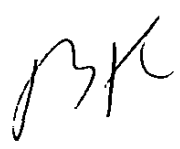
IN WITNESS WHEREOF, I have hereunto set my hand and seal the 2 day of September in the year two thousand eight.

Sealed and delivered in the presence of:


WITNESS


DAVID PINILLA, MANAGER, LAS 6 K, LLC.


WITNESS



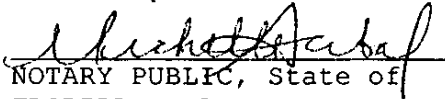
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STATE OF FLORIDA)
) ss
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this
2 day of Sept., 2008, by **DAVID PINILLA**, as **MANAGER** of
LAS 6 K, LLC. who personally appeared before me at the time of
notarization, and who is personally known to me or who has
produced P542-160-82-410-0
as identification.


NOTARY PUBLIC, State of
FLORIDA at Large

My Commission Expires:



Michelle Acebal
Commission #DD574488
Expires: JULY 17, 2010
WWW.AARONNOTARY.COM

This Instrument Prepared by:

Address: TERMINELLO & TERMINELLO, P.A.
2700 S.W. 37 Avenue
Miami, Florida 33133
Tel: (305) 444-5002
Fax: (305) 448-5566

JBK