


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90067 018 \*\*\*138.75

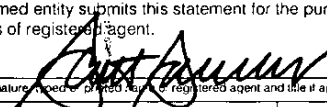
<b>DOCUMENT # L07000090485</b>		
1. Entity Name KEY WEST HAVANA OF SOUTH FLORIDA, LLC		

Principal Place of Business 1411 GRINNELL STREET KEY WEST, FL 33040 US	Mailing Address 1411 GRINNELL STREET KEY WEST, FL 33040 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
PRIBRAMSKY, STEVEN R 937 FLEMING STREET KEY WEST, FL 33040	

7. Name and Address of New Registered Agent	
Name <b>SCOTT SAUNDERS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>412 WHITE STREET</b>	
City <b>KEY WEST</b>	FL <b>33040</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 	DATE <b>1/17/08</b>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVERSA, GIORGIO 1411 GRINNELL STREET KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVERSA, AMY 1411 GRINNELL STREET KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: 	DATE <b>1/28/08</b> DAYTIME PHONE <b>305-293-0498</b>

60005159



01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**26-0822947**

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

Applied For	
Not Applicable	

Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)