2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# L07000111614

Entity Name: SKYBOX CAFE, LLC

Current Principal Place of Business:

100 W CYPRESS CREEK RD
STE 835
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

100 W CYPRESS CREEK RD
STE 835
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 26-1326747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TORCHIA, SANDRO
100 W CYPRESS CREEK RD
STE 835
FT LAUDERDALE, FL 33309 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: MGRM ( ) Delete
Name: TORCHIA, SANDRO
Address: 100 W CYPRESS CREEK RD - STE 835
City-St-Zip: FT LAUDERDALE, FL 33309

Title: MGRM ( ) Delete
Name: TORCHIA, MARYANNE
Address: 100 W CYPRESS CREEK RD - STE 835
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SANDRO TORCHIA MGR 05/04/2009

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