2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

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Entity Name: TROPICAL RIBS II, LLC

Current Principal Place of Business:

12801 WEST SUNRISE BLVD.
ROOM F215
SUNRISE, FL 333175 US

New Principal Place of Business:

Current Mailing Address:

2999 NE 191ST STREET
SUITE 805
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 27-2920537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

M. KEITH MARSHALL,P.A.
2999 NE 191ST STREET
805
AVENTURA, FL 33180 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: MGR
Name: GOIHMAN, RICHARD
Address: 2999 NE 191ST STREET #805
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR
Name: LEVY, ABRAHAM
Address: 2999 NE 191ST STREET #805
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: BENARROCH, DANIEL
Address: 1604 WEEPING WILLOW WAY
City-St-Zip: HOLLYWOOD, FL 33019 US

I hereby 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 Statues.

SIGNATURE: RICHARD GOIHMAN MGRM 04/06/2011

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