

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
NOV - 3 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000246					
1. Entity Name CAFE MADRID, L.C.					
Principal Place of Business 2100 PONCE DE LEON BLVD., SUITE 1170 CORAL GABLES, FL 33134			Mailing Address 2100 PONCE DE LEON BLVD., SUITE 1170 CORAL GABLES, FL 33134		
2. Principal Place of Business Cafe Madrid, L.C.		3. Mailing Address Attn: Pedro Marquez			
Suite, Apt. #, etc. 8800 S.W. 56 Street (Miller Dr)		Suite, Apt. #, etc. 8800 S.W. 56 Street (Miller Dr.)		10202005 Chg-LLC CR2E083 (10/03)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0571655	
Zip 33165		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TERMINELLO, LOUIS J ESQ. C/O TERMINELLO & TERMINELLO, P.A. 2700 S.W. 37TH AVE. MIAMI, FL 33133				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 MARQUEZ, PEDRO 800 S.W. 56 STREET (MILLER DRIVE) MIAMI, FL 33165	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____				10-20-05 (352)4445002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	