


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
99 JUL 12 AM 11:47

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L96000000412	
1. Name and Mailing Address of Limited Liability Company BIMINI RESTAURANT ASSOCIATES, L.C. 10110 WEST FLAGLER STREET MIAMI FL 33174		1a. Principal Place of Business Address 10110 WEST FLAGLER STREET MIAMI FL 33174	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 04/11/1996		3a. State of Formation FL	
4. FEI Number 65-0655449		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/05/1998		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent SANTANA, MANUEL 10110 WEST FLAGLER STREET MIAMI FL 33174		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.		SIGNATURE _____ DATE 05-10-99 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>	
10. Title Managing Members/Managers		Business Street Address City, State and Zip Code	
MGRM SANTANA, MANUEL MGRM GONZALEZ, AIDA		10110 WEST FLAGLER STREET MIAMI FL 10110 WEST FLAGLER STREET MIAMI FL	
<i>✓ R: fee pagado?</i>			
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.		SIGNATURE: _____ 06/25/99 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>	