


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90120 001 ****50.00

DOCUMENT # L99000003193	
1. Entity Name MIAMI-LITTLE HAVANA FAST FOOD, L.L.C.	

Principal Place of Business 23123 SOUTH STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428	Mailing Address 23123 SOUTH STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428
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24062967



2. Principal Place of Business 1001 Cherry St	3. Mailing Address 1001 Cherry St
Suite, Apt. #, etc. Suite 308	Suite, Apt. #, etc. Suite 308
City & State Columbia MO	City & State Columbia MO
Zip 65201	Country USA

04092004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0925167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHALLER, VERN 23123 SOUTH STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KROENKE, E. STANLEY 1001 CHERRY STREET, SUITE 308 COLUMBIA, MD 65201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Columbia MO 65201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, JAMES N 23123 SOUTH STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABREBRA, ALVARO M JR. 495 BILTMORE WAY, SUITE 308 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/04 (573) 449-8323
Date Daytime Phone #