

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90112 036 \*\*\*150.00

20052715



04202005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # M04000003613</b> 1. Entity Name <b>TAVERNA COCONUT GROVE, L.L.C.</b>					
Principal Place of Business <b>703 MCKINNEY AVE. SUITE 430 DALLAS, TX 75202</b>			Mailing Address <b>703 MCKINNEY AVE. SUITE 430 DALLAS, TX 75202</b>		
2. Principal Place of Business <b>3100 MONTICELLO AVE</b> Suite, Apt. #, etc. <b>Ste 325</b>		3. Mailing Address <b>3100 MONTICELLO</b> Suite, Apt. #, etc. <b>Ste 325</b>		4. FEI Number <b>33-1098643</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
City & State <b>DALLAS TX</b>		City & State <b>DALLAS TX</b>			
Zip <b>75205</b>		Zip <b>75205</b>			
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LOMBARDI, ALBERTO 703 MCKINNEY AVE. DALLAS, TX 75202</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ALBERTO LOMBARDI 3100 MONTICELLO AVE Ste 325 DALLAS TX 75205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <u>Alberto Lombardi</u> <b>ALBERTO LOMBARDI</b> 214-748-586 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: <u>4-27-05</u> Daytime Phone #					