

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90014 031 \*\*\*\*55.00

<b>DOCUMENT # M04000004804</b>					
<b>1. Entity Name</b> ANGELITA'S SOUTH, LLC					
<b>Principal Place of Business</b> 5930 N.E. 18 AVENUE FT. LAUDERDALE, FL 33064			<b>Mailing Address</b> 7810 SEQUOIA LANE PARKLAND, FL 33067		
<b>2. Principal Place of Business</b> 5930 NE 18 Ave Suite, Apt. #, etc. # 711		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> FT Lauderdale		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-1837495	
<b>Zip</b> 33334		<b>Country</b> Broward		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PAGLIERY, SERGIO A ESQ. ONE S.E. THIRD AVENUE, SUITE 1940 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Pagliery, Sergio A. Esq 8788 SW 8 St. City <u>Miami</u> FL <u>33174</u>		
<b>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.</b> SIGNATURE <u><i>James C Schauer</i></u> DATE <u>4/30/05</u> <small>Signature typed or printed name of registered agent and state is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHAUERTE, JAMES C 5930 N.E. 18 AVENUE FT. LAUDERDALE, FL 33064	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>James C Schauer</i></u> <u>4/30/05</u> <u>954-598-7952</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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