

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 16 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L010000001739**

1. Entity Name  
**Little Bongo, L.L.C.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**23705 SW 117 Ave**

3. Mailing Address  
**23705 SW 117 Ave**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-1068928**

Applied For  
Not Applicable

Zip  
**33032**

Country

Zip  
**33032**

Country

5. Certificate of Status Desired'

**\$5.00** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Emilia Diaz-Fox**

Street Address (P.O. Box Number is Not Acceptable)  
**1221 Brickell Avenue**

**Suite 1020**

City  
**Miami**

FL

Zip Code  
**33131**

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.

SIGNATURE **Emilia Diaz-Fox**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/02**  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mgr.  
Barbara Diaz  
2990 SW 13 St.  
Miami, FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**100005538601--4  
-05/16/02--01004--005  
\*\*\*586.25 \*\*\*163.75**

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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: **Barbara Diaz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02**  
Date

**305-358-3428**  
Daytime Phone #

CR2E083B (12/01)