


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2005 90015 046 ****55.00

DOCUMENT # L01000001739

1. Entity Name
 LITTLE BONGO, L.L.C.



Principal Place of Business
 23705 SW 117 AVENUE
 MIAMI, FL 33032

Mailing Address
 23705 SW 117 AVENUE
 MIAMI, FL 33032

2. Principal Place of Business
 200 SOUTH DISCAYNE BLVD

3. Mailing Address
 200 SOUTH DISCAYNE BLVD

Suite, Apt. #, etc.
 6TH FLOOR

Suite, Apt. #, etc.
 6TH FLOOR

City & State
 MIAMI, FL

City & State
 MIAMI, FL

Zip
 33131

Country
 USA

Zip
 33131

Country
 USA



04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 65-1068928

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIAZ-FOX, EMILIA
 1441 BRICKELL AVENUE, SUITE 1005
 FOUR SEASONS OFFICE TOWER
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 GOLDSTEIN, TANEN & TREUCH, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 TWO SOUTH DISCAYNE BLVD.
 SUITE 3700
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  JEFF TANEN 4/28/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DIAZ, BARBARA 2990 SW 12 ST MIAMI, FL 33135 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26401 S.W. 107 AVE. HOMESTEAD, FL. 33032 |
| 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:  4/28/05 305-258-8440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #