2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # L04000043724** 04-27-2007 90029 042 ****50.00 1. Entity Name MAZAL 18 DEVELOPMENT, LLC Mailing Address Principal Place of Business 16375 N.E. 18TH AVE. 16375 N.E. 18TH AVE. 60042104 STE. 331 STE. 331 NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 777 - 41st Street 777 - 41st Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04152007 Chg-LLC CR2E083 (12/06) 2nd Floor 2nd Floor Applied For City & State 4. FEI Number City & State Miami Beach 20-1226942 Not Applicable Miami Beach, FLCountry ... Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33140 33140 UŞA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENZAZON, YANNICK Street Address (P.O. Box Number is Not Acceptable) 16375 N.E. 18TH AVE. STE. 331 777 - 41st Street, 2nd Floor NORTH MIAMI BEACH, FL133162 Zip Code 33140 Miami Beach 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.06 3 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. MGRM Benalloun, Alberto XX Change **MGRM** TITLE Addition TITLE ☐ Delete BENALLOUN, ALBERTO NAME NAME 777 - 41st Street, 2nd Floor 16375 N.E. 18TH AVE. STREET ADDRESS STREET ADDRESS Miami Beach, FL 33140 NORTH MIAMI BEACH, FL 33162 CITY-ST-212 CITY-ST-ZIF XX Change ☐ Addition MGRM TITLE ☐ Delete TITLE MGRM BENZAZON, YANNICK NAME NAME Benzazon, Yannkck 777 – 41st Street,2nd Miami Beach, FL 33140 STREET ADDRESS STREET ADDRESS 16375 N.E. 18TH AVE. Floor CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 CITY-ST-7IP Miami ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP Delete ☐ Change ☐ Addition TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 of the certification of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the liability company of the

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

REHOLLOUP SIGNATURE NATURE AND TYPED OR PRINTED NAME OF SIGN

☐ Delete

NAME

TITLE

NAME STREET ADDRESS

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☐ Change

■ Addition

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