


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 15, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000071037

1. Entity Name  
 INTERNATIONAL HAGANAH FEDERATION LLC



Principal Place of Business  
 2550 ROYAL PALM WAY  
 WESTON, FL 33327

Mailing Address  
 2550 ROYAL PALM WAY  
 WESTON, FL 33327



07212006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1686005	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

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

JACOBS, KEVIN P ESQ  
 1441 BRICKELL AVENUE, STE. 1200  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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 September 6, 2006**

U00000574385  
 08/15/06-80001-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROTO, RANDY 2550 ROYAL PALM WAY WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANAREK, MIKE L 2550 ROYAL PALM WAY WESTON, FL 33327
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

*need to have signed*

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/28/06 634 536 9400  
 Date Daytime Phone #