

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071037

FILED
Mar 07, 2008
Secretary of State

Entity Name: INTERNATIONAL HAGANAH FEDERATION LLC

Current Principal Place of Business:

18102 CHESTERFIELD AIRPORT ROAD
SUITE 0
CHESTERFIELD, MO 63005

New Principal Place of Business:

Current Mailing Address:

18102 CHESTERFIELD AIRPORT ROAD
SUITE 0
CHESTERFIELD, MO 63005

New Mailing Address:

FEI Number: 20-1686005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, KEVIN P ESQ
1401 BRICKELL AVENUE, STE. 825
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PROTO, RANDY
Address: 2689 MEADOWOOD CT.
City-St-Zip: WESTON, FL 33332 US

Title: MGR () Delete
Name: KANAREK, MIKE L
Address: 11060 CAMERON CT., SUITE 204
City-St-Zip: DAVIE, FL 33324 US

Title: MGR () Delete
Name: GRIFFIN, MICHAEL
Address: 615 WINDRUSH DRIVE
City-St-Zip: KIRKWOOD, MO 63122 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SARA STUEBGEN

MGR

03/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date