


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000065070 1. Entry Name MEUCHADIM OF MIAMI, LLC	
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Principal Place of Business 6100 HOLLYWOOD BLVD., SUITE 407 HOLLYWOOD, FL 33024 US	Mailing Address 6100 HOLLYWOOD BLVD., SUITE 407 HOLLYWOOD, FL 33024 US
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01102007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3085131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

TANEY, DAVID
 6100 HOLLYWOOD BLVD., SEVENTH FLOOR
 HOLLYWOOD, FL 33024

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

Filing Fee is \$50.00
Due by May 1, 2007

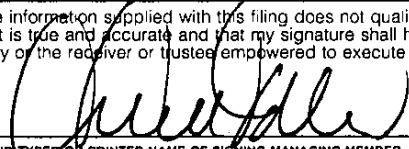
U00000593055
 01/22/07-80016-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FALIC, JEROME
STREET ADDRESS	6100 HOLLYWOOD BLVD., SEVENTH FLOOR
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	MGR
NAME	FALIC, LEON
STREET ADDRESS	6100 HOLLYWOOD BLVD., SEVENTH FLOOR
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	MGR
NAME	FALIC, SIMON
STREET ADDRESS	6100 HOLLYWOOD BLVD., SEVENTH FLOOR
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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:  1/10/07 984 986 7564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #