


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000065070
1. Entity Name
MEUCHADIM OF MIAMI, LLC



Principal Place of Business Mailing Address
6100 HOLLYWOOD BLVD., SUITE 407 6100 HOLLYWOOD BLVD., SUITE 407
HOLLYWOOD, FL 33024 US HOLLYWOOD, FL 33024 US

DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

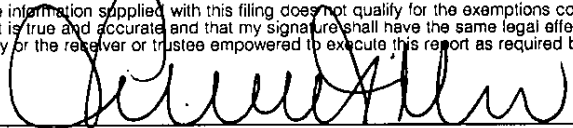
9. MANAGING MEMBERS/MANAGERS

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

U00000849447
03/21/08-80021-002 138.75

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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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #