2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000025675

Entity Name
10400 FRONT BEACH LLC



FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90315 008 ***138.75

Principal Place of Business

4100 N. 28TH TERRACE HOLLLYWOOD, FL 33020 Mailing Address

4100 N. 28TH TERRACE HOLLLYWOOD, FL 33020



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4466756

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, ADELE I ESQ. ONE FINANCIAL PLAZA 100 S.E. THIRD AVENUE, SUITE 1400 FORT LAUDERDALE, FL 33394

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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 little if applicable

(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 | MGRM |
| NAME | OVAKNIN, AVI |
| STREET ADDRESS | 4100 NORTH 28TH TERRACE |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 |
| TITLE | MGRM |
| NAME | MALINASKY, DORON |
| STREET ADDRESS | 4100 NORTH 28TH TERRACE |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 |
| TITLE | MGRM |
| NAME | LEVY, ELIYAHU |
| STREET ADDRESS | 4100 NORTH 28TH TERRACE |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 |
| TITLE | MGRM |
| NAME 7 | FISLIN, SHAWL |
| STREET ADDRESS | 4100 NORTH 28TH TERRACE |
| CiTY-ST-ZIP | HOLLYWOOD, FL 33020 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | <u> </u> |
| | |

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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:

Avi Ovaknir

417108

(954) 924-9779

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

Dat

Daytime Phone #