## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002426

1. Entity Name Z.GRAND, L.C.



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

3799 HALLANDALE BEACH BLVD. PEMBROKE PARK, FL 33023 Mailing Address

3799 HALLANDALE BEACH BLVD. PEMBROKE PARK, FL 33023



02022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1082440 Applied For Not Applicable

5. Certificate of Status Desired

X \$5

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ZACHARIN, SHMUEL 3799 HALLANDALE BEACH BLVD. PEMBROKE PARK, FL 33023

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this st</li></ol>	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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	ZACHARIN, SHMUEL			
STREET ADDRESS	3799 HALLANDALE BEACH BLVD.			
CITY-ST-ZIP	PEMBROKE PARK, FL 33023			
TITLE	MGRM			
NAME	ZACHARIN, EDAN			
STREET ADDRESS	3799 HALLANDALE BEACH BLVD.			
CITY-ST-ZIP	PEMBROKE PARK, FL 33023			
TITLE	MGRM			
NAME	ZACHARIN, DORON			
STREET ADDRESS	3799 HALLANDALE BEACH BLVD.			
CITY-ST-ZIP	PEMBROKE PARK, FL 33023			
TITLE	MGRM			
NAME	ZACHARIN, SARA			
STREET ADDRESS	3799 HALLANDALE BEACH BLVD.			
CITY-ST-ZIP	PEMBROKE PARK, FL 33023			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME	"			
· STREET ADDRESS				
CITY-ST-ZIP				

02/21/07-80085-019 55.00

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Q 2-7-0

Daytime Phone #