2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 12, 2007 8:00 am Secretary of State

DOCUMENT # L0100004459 1. Entity Name MAZAL TOV 613 II, LLC						02-12-2007	90311 0	27 ****51	0.00
Principal Plac	e of Business	Mailing Address			_	600150	ΛQ		
5301 N STATE RD 7		1727 NW 38 AVE	1727 NW 38 AVE			POUTOU	40 .		
TAMARAC, FL	_ 33319	LAUDERHILL, FL 333	11						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State	City & State		4. FEI Numbe			<u> </u>	oplied For ot Applicable
Zip Country		Zip	Count	try	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Curre	ent Registered Agent			7. Name and	Address of New R			<u> </u>
				Name					-
MELDUNG, JACOB J 111 N. POMPANO BEACH BLVD 1814				Street Address	(P.O. Box Numbe	r is Not Acceptable	e)		
	D BEACH, FL 33062								
				City			FL	Zip Code	е
	named entity submits this statementions of registered agent.	t for the purpose of changing it	s registere	ed office or registe	red agent, or bot	h, in the State of Flo	orida. I am t	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ag	neni and title if anolicable (NO	TE: Registered	d Agent signature require	d when reinstating)		DATE		
•		l							
FI D	iling Fee is \$50.00 ue by May 1, 2007						e check p Departme	ayable to ent of State	3 .~ ~
9.	ue by May 1, 2007 MANAGING MEN	/BERS/MANAGERS	10.				Departm	ent of State	
9. TITLE	ue by May 1, 2007 MANAGING MEM PRES	//BERS/MANAGERS ☐ Delete	TITLE			Fiorida	Departm		Addition
9.	ue by May 1, 2007 MANAGING MEN	☐ Delete	11TLE NAME		,	Fiorida	Departm	ent of State	
9. TITLE NAME	MANAGING MEM PRES MELDUNG, JACOB	□ Delete	TITLE NAME STREE		,	Fiorida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEM PRES MELDUNG, JACOB 111 N. POMPANO BEACH BI	□ Delete	TITLE NAME STREE CITY-	E ET ADDRESS		Fiorida	Departm	ent of State	
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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 of trusfee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND THE DATA HATTER MANAGE SIGNATURE MANAGER, OR AUTHORIZED REPRESENT

1/19/07

954-232-8818