2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

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1. Entity Name
MEDITERRANEAN VILLAGE REALTY, LLC



Principal Place of Business

801 MEADOWS ROAD, SUITE 120 BOCA RATON, FL 33486

Mailing Address

801 MEADOWS ROAD, SUITE 120 BOCA RATON, FL 33486



DO NOT WRITE IN THIS SPACE

01062007 No Chg-LLC CR2E083 (11/05)

FEI Number					
65-11	141412				

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOCH, STUART E ESQ. 980 NORTH FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432

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	named entity submits this statement for the purpose of cha ions of registered agent.	nging its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE-Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	ZUKOWSKY, MICHAEL M DR		
STREET ADDRESS	801 MEADOWS ROAD, SUITE 120		
CITY-ST-ZIP	BOCA RATON, FL 33486		
TITLE			10000602919 5/07=80111:001:50:00
NAME			evalue an ruit e filiar iz a i an i A
STREET ADDRESS CITY-ST-ZIP			
TITLE			
NAME			THE PERSON NAMED IN THE PE
STREET ADDRESS		DO NOT	MAIDITE
CITY-SI-ZIP		DO NOT	VVRITE
TITLE		IN THIS.	SPACE
NAME			
STREET ADDRESS			表表 20 基础上通道图10 mm
CITY-ST-ZIP			
TITLE			
NAME DADEET LEGISTON			
STREET ADDRESS CITY-ST-ZIP			
P111-21-71.		■ 1987、1987、1999、1970ないのは、2017などには1970を指摘された。。 む	. 我就把我们一个把打造的现在分词 "我不是" "你我说 。""我们一看这样打

11. I hereby certify that the information supplied with rils like dats 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 rm is indure 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 embody and o execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS

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

1/18/07

(561) 392 - 410-

Daytime Phone ∉