

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020189

Entity Name: METEORIC GROUP, L.L.C.

FILED  
Jul 22, 2006  
Secretary of State

**Current Principal Place of Business:**

1501 SW LEJEUNE ROAD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14-1156  
CORAL GABLES, FL 33114

**New Mailing Address:**

FEI Number: 65-1148295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FORMAN, TERRY J  
1521 SW LEJEUNE RD  
CORAL GABLES, FL 33134      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BINDER, DAVID  
Address: 1501 SW LEJEUNE ROAD  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM      (X) Delete  
Name: FRIEDMAN, ASSI  
Address: 12513 HEATHERTON CT.  
City-St-Zip: SAN DIEGO, CA 92128

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID BINDER

MGR

07/22/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date