2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

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

Jan 31, 2005 08:00 AM Secretary of State **DOCUMENT # L02000006903** MAZÁL-TOV, L.L.C._ Principal Place of Business Mailing Address 150 SE 2ND AVE. SUITE 1200 150 SE 2ND AVE. SUITE 1200 MIAMI, FL 33131 MIAMI, FL 33131 CR2E083 (10/03) 01062005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0574011 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSEN, BORIS DO NOT WRITE 150 SE 2ND AVE, SUITE 1200 MIAMI, FL 33131 IN THIS SPACE 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 title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. U00000206707 02/01/05-80016-009 50.00 MGRM TITLE ROSENTHAL, VITALI NAME 150 SE 2ND AVE. SUITE 1200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statules. 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.

FILED

Davione Prone #