
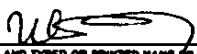


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90025 036 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000006903			
1. Entry Name MAZAL-TOV, L.L.C.			
Principal Place of Business 150 SE 2ND AVE. SUITE 1200 MIAMI, FL 33131		Mailing Address 150 SE 2ND AVE. SUITE 1200 MIAMI, FL 33131	
2. Principal Place of Business 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400 City & State MIAMI, FL Zip 33131 Country USA		3. Mailing Address 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400 City & State MIAMI, FL Zip 33131 Country USA	
04102006 Chg-LLC CR2E063 (11/05)		4. FEI Number 02-0574011	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, BORIS 150 SE 2ND AVE. SUITE 1200 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name ROSEN, BORIS Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE STE 1400 City MIAMI, FL Zip Code 33131	
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 <small>Signature, typed or printed name of registered agent and date if applicable.</small>		NOTE: Registered Agent signature required when necessary. DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSENTHAL, VITALI 150 SE 2ND AVE. SUITE 1200 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM-ROSENTHAL, VITALI 1001 BRICKELL BAY DRIVE, STE 1400 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 606, Florida Statutes.			
SIGNATURE:  Vitali Rosenthal		Date: 5/1/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

60035115

