



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90298 010 ****50.00

DOCUMENT # L02000023196					
1. Entity Name MS, LLC					
Principal Place of Business 8708 CRESCENT DRIVE LOS ANGELES, CA 90046			Mailing Address 8708 CRESCENT DRIVE LOS ANGELES, CA 90046		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0114293	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JACOBOWITZ, MELVIN J 11900 BISCAYNE BLVD., SUITE 720 MIAMI, FL 33445			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	MGR SIGMAN, MICHAEL 8708 CRESCENT DRIVE LOS ANGELES, CA 90046 <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	MGR SIGMAN, ELEANOR 4545 N OCEAN BLVD, #7-X BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIGMAN, ELEANOR 16674 La Mesa Drive Delray Beach, FL 33484 <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	
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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 608, Florida Statutes.					
SIGNATURE: 			Jeff Sigman, Treasurer		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> 3/30/06 (317) 571-1364		

ATTACHMENT

20025541

LAW OFFICES

JACOBOWITZ & OSTROFF, P.A.

SUITE 720
11900 BISCAYNE BOULEVARD
MIAMI, FLORIDA 33181

(305) 895-3404
FAX (305) 895-4602

MELVIN J. JACOBOWITZ
BOARD CERTIFIED TAX LAWYER
(ALSO ADMITTED IN NEW YORK)

JANET J. OSTROFF
(ALSO ADMITTED IN ARIZONA)

April 3, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: MS, LLC - #L02000023196

Gentlemen:

I enclose the following:

1. 2006 Annual Report for MS, LLC; and
2. Check no. 936 payable to "Florida Department of State" in the amount of \$50.00 to cover the annual fee.

Please return the enclosed copy of this letter to confirm filing of the Annual Report in the stamped, self-addressed envelope enclosed.

If you have any questions regarding this filing, please call me.

Sincerely,

JACOBOWITZ & OSTROFF, P.A.



Deborah Buckridge
Legal Assistant

Sig-E.T.021
Enclosures
Copy to: Jeff Sigman

ATTACHMENT

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Legal Assistant

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