

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023196

Entity Name: MS, LLC

FILED  
Mar 17, 2008  
Secretary of State

## Current Principal Place of Business:

8708 CRESCENT DRIVE  
LOS ANGELES, CA 90046

## New Principal Place of Business:

16674 LA MESA DRIVE  
DELRAY BEACH, FL 33484

## Current Mailing Address:

8708 CRESCENT DRIVE  
LOS ANGELES, CA 90046

## New Mailing Address:

482 SAPPHIRE DRIVE  
CARMEL, IN 46032

FEI Number: 30-0114293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBOWITZ, MELVIN J  
11900 BISCAYNE BLVD., SUITE 720  
MIAMI, FL 33445 US

## Name and Address of New Registered Agent:

SIGMAN, JEFF  
16674 LA MESA DRIVE  
DELRAY BEACH, FL 33484 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: JEFF SIGMAN

03/17/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SIGMAN, MICHAEL  
Address: 8708 CRESCENT DRIVE  
City-St-Zip: LOS ANGELES, CA 90046 US

Title: MGR ( ) Delete  
Name: SIGMAN, ELEANOR  
Address: 16674 LA MESA DR  
City-St-Zip: DELRAY BEACH, FL 33484 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SIGMAN, JEFF  
Address: 482 SAPPHIRE DRIVE  
City-St-Zip: CARMEL, IN 46032 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JEFF SIGMAN

MGR

03/17/2008

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