

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032706

Entity Name: MOTЕК MANAGEMENT, LLC

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

19101 MYSTIC PT DR, STE 2808
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19101 MYSTIC PT DR, STE 2808
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 13-4224310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRONSTEIN, DINA
3511 W COMMERCIAL BLVD
STE 100
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: BRONSTEIN, HILLEL
Address: 19101 MYSTIC POINT DRIVE, SUITE 2808
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: BRONSTEIN, PAULETTE
Address: 19101 MYSTIC POINT DRIVE, SUITE 2808
City-St-Zip: AVENTURA, FL 33180

Title: ST () Delete
Name: BRONSTEIN, DINA
Address: 19101 MYSTIC POINT DRIVE, SUITE 2808
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

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: HILLEL BRONSTEIN

MGR

04/13/2007

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