



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90046 015 \*\*\*\*50.00

<b>DOCUMENT # L02000033634</b> 1. Entity Name <b>MNAYMNEH FAMILY HOLDINGS, L.C.</b>					
Principal Place of Business <b>1001 BRICKELL BAY DRIVE 27TH FLOOR MIAMI, FL 33131</b>			Mailing Address <b>1001 BRICKELL BAY DRIVE 27TH FLOOR MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		07062004    Chg-LLC    CR2E083 (10/03)	
Zip                      Country		Zip                      Country		4. FEI Number <b>56-2307490</b>	
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  <b>LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THIRD AVE. SUITE 960 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>ROZENCWAIG &amp; FERRERO - CARR</b> Street Address (P.O. Box Number is Not Acceptable) <b>301 W. HALLANDALE BEACH BLVD</b> City <b>HALLANDALE BEACH</b> FL    Zip Code <b>33009</b>		
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 <i>Leslie Alan Rozencwaig</i> DATE <b>7/8/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MNAYMNEH, SAMI 1001 BRICKELL BAY DR., 27TH FLOOR MIAMI, FL 33131</b>	<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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Darin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>8/2/04</b> <b>305-379 2322</b> <small>Date                      Daytime Phone #</small>		