

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90023 016 \*\*\*\*50.00

DOCUMENT # L02000033947

1. Entity Name  
MEG MANAGEMENT, L.L.C.



Principal Place of Business  
2800 WESTON ROAD, SUITE 204  
WESTON, FL 33331

Mailing Address  
2800 WESTON ROAD, SUITE 204  
WESTON, FL 33331

60041835



2. Principal Place of Business - No P.O. Box #

2500 E. HALLANDALE BEACH BLVD 2500 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

SUITE "T"

3. Mailing Address

Suite, Apt. #, etc.

SUITE "T"

02262007

Chg-LLC

CR2E083 (12/06)

City & State

HALLANDALE BEACH

City & State

HALLANDALE BEACH

4. FEI Number

55-0182404

Applied For

Not Applicable

Zip

33009

Country

Zip

33009

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EPELBOIM, NOEL  
2800 WESTON RD., STE 204  
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name

BOZENCWAIG, NADEL R. FERRERO-CARR

Street Address (P.O. Box Number is Not Acceptable)

301 W. HALLANDALE BEACH BLVD

City

HALLANDALE BEACH

FL

Zip Code

33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME MARTINEZ, IGANCIO  
STREET ADDRESS 2800 WESTON ROAD SUITE 204  
CITY-ST-ZIP WESTON, FL 33331

TITLE MGRM ☐ Delete  
NAME EPELBOIM, NOEL  
STREET ADDRESS 2800 WESTON ROAD SUITE 204  
CITY-ST-ZIP WESTON, FL 33331

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME MARTINEZ, IGNACIO  
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD SUITE T  
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE MGR ☒ Change ☐ Addition  
NAME EPELBOIM, NOEL  
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD, SUITE T  
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(954) 3852550