

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000053739

1. Entity Name
MEDITERRANEE-HFAH, LLC



Principal Place of Business
**C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415**

Mailing Address
**C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415**



06282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0491934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOHN, ROBERT M
C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415**

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

U000000567767
06/30/06-R0001-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KOHN, ROBERT M
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MACFARLANE, ROBERT A
ONE ODELL PLAZA
YONKERS, NY 10071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

6-29-2006

Date

239-435-3535

Daytime Phone #

MATTHEW L. GRABINSKI, AUTHORIZED REPRESENTATIVE