

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053739

Entity Name: MEDITERRANEE-HFAH, LLC

FILED
Mar 26, 2008
Secretary of State

Current Principal Place of Business:

C/O CORPORATE COUNSEL
86 MAIN ST., 2ND FLOOR
YONKERS, NY 10701

New Principal Place of Business:

Current Mailing Address:

C/O CORPORATE COUNSEL
86 MAIN ST., 2ND FLOOR
YONKERS, NY 10701

New Mailing Address:

FEI Number: 51-0491934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOHN, ROBERT M
12773 WEST FOREST HILL BLVD.
SUITE 204
WELLINGTON, FL 33414 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: KOHN, ROBERT M
Address: 86 MAIN STREET, 2ND FLR.
City-St-Zip: YONKERS, NY 10701

Title: MGR () Delete
Name: MACFARLANE, ROBERT A
Address: 86 MAIN STREET, 2ND FLR.
City-St-Zip: YONKERS, NY 10071

ADDITIONS/CHANGES:

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 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: ROBERT MACFARLANE

MGR

03/26/2008

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