


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L03000057077
 1. Entity Name
 MEASA II, L.L.C.



Principal Place of Business Mailing Address
 3420 W. HALLANDALE BEACH BLVD. 3420 W. HALLANDALE BEACH BLVD.
 PEMBROKE PARK, FL 33023 PEMBROKE PARK, FL 33023

DO NOT WRITE IN THIS SPACE



04262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1506070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOSCOVITCH, AARON
 3420 W. HALLANDALE BEACH BLVD.
 PEMBROKE PARK, FL 33023

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

UG0000761086
 05/25/07-80041-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSCOVITCH, AARON 3420 W. HALLANDALE BEACH BLVD. PEMBROKE PARK, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSCOVITCH, STEVEN 3420 W. HALLANDALE BEACH BLVD. PEMBROKE PARK, FL 33023
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 636, Florida Statutes.

SIGNATURE: *Aaron Moscovitch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #