

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010491

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: 995 PROPERTY HOLDINGS, LLC

## Current Principal Place of Business:

12000 BISCAYNE BLVD  
SUITE # 222  
NORTH MIAMI, FL 33181 US

## Current Mailing Address:

12555 BISCAYNE BLVD  
PRIVATE MAILBOX # 400  
NORTH MIAMI, FL 33181 US

## New Principal Place of Business:

1720 HARRISON STREET  
SUITE # 17A  
HOLLYWOOD, FL 33020 US

## New Mailing Address:

1720 HARRISON STREET  
SUITE # 17A  
HOLLYWOOD, FL 33020 US

FEI Number: 20-0709651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMOLER, BRUCE J ESQ  
2611 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

SMOLER, BRUCE J PA  
2611 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

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: BRUCE SMOLER

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete  
Name: EYAL, MEHABER  
Address: 12000 BISCAYNE BLVD, SUITE 222  
City-St-Zip: NORTH MIAMI, FL 33181 US

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: EYAL, MEHABER  
Address: 1720 HARRISON STREET, SUITE # 17A  
City-St-Zip: HOLLYWOOD, FL 33020 US

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: EYAL MEHABER

CEO

04/28/2008

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