


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000026110
 1. Entity Name
 MFAVII LLC



Principal Place of Business Mailing Address
 C/O THE CORAL REALTY GROUP LLC C/O THE CORAL REALTY GROUP LLC
 6400 CONGRESS AVENUE, SUITE 1750 6400 CONGRESS AVENUE, SUITE 1750
 BOCA RATON, FL 33487 BOCA RATON, FL 33487

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01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 20-1181667 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MENDELSON, ILYNE
STREET ADDRESS	6400 CONGRESS AVE, STE 1750
CITY-ST-ZIP	BOCA RATON, FL 33427
TITLE	MGR
NAME	TERK, STEVEN
STREET ADDRESS	6400 CONGRESS AVE, STE 1750
CITY-ST-ZIP	BOCA RATON, FL 33427
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/10/06-80068-018 50.00

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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 608, Florida Statutes.

SIGNATURE:  Date: 4/27/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE