

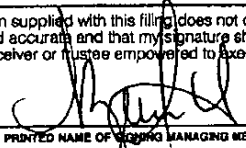


FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90014 011 ****50.00

**2006 LIMITED LIABILITY COMPANY
 AMENDED ANNUAL REPORT**

DOCUMENT # L04000034868			
1. Entity Name MAZAL, LLC			
Principal Place of Business 11111 BISCAYNE BLD PHASE 1 SUITE 120 MIAMI, FL 33181		Mailing Address 11111 BISCAYNE BLVD PHASE 1 SUITE #120 MIAMI, FL 33181	
2. Principal Place of Business 36 W. 47th Street		3. Mailing Address 36 W. 47th Street	
Suite, Apt # etc Suite 1005		Suite, Apt #, etc. Suite 1005	
City & State New York, NY		City & State New York, NY	
Zip 10036	Country New York	Zip 10036	Country New York
6. Name and Address of Current Registered Agent HORESH, YARON M 11111 BISCAYNE BLVD PHASE 1 SUITE 120 MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Phil A. D'Aniello Street Address (P O Box Number is Not Acceptable) 1325 W. Colonial Drive City Orlando FL Zip Code 32804	
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 3/31/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing)	
Amended AR is \$50.00		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORESH, YARON 11111 BISCAYNE BLVD PHASE 1 #120 MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Danielle Azeroual 36 W. 47th Street New York, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 4/4/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # (212) 768-3433	