

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90034 045 \*\*\*\*50.00

<b>DOCUMENT # L04000039070</b> 1. Entity Name <b>MYSB, LLC</b>			
Principal Place of Business <b>18151 NE 31ST COURT SUITE 1117 AVENTURA, FL 33160</b>		Mailing Address <b>18151 NE 31ST COURT SUITE 1117 AVENTURA, FL 33160</b>	
2. Principal Place of Business <b>4740 N 31<sup>ST</sup> CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>4740 N 31<sup>ST</sup> CT</b> Suite, Apt. #, etc.	
City & State <b>HOLLYWOOD, FL</b> Zip <b>33021</b> Country		City & State <b>HOLLYWOOD, FL</b> Zip <b>33021</b> Country	
4. FEI Number <b>20-1196899</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		04202005 Chg-LLC CR2E083 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> <b>BENO, SHLOMO</b> <b>18151 NE 31ST COURT</b> <b>SUITE 1117</b> <b>AVENTURA, FL 33160</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENO, SHLOMO 18151 NE 31ST COURT AVENTURA, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4740 N 31<sup>ST</sup> CT</b> <b>HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YALAZ, MEIR 6311 SW 130TH AVENUE DAVIE, FL 33330	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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> _____		<b>4-20-05 / 786 290 / 0560</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	