

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047566

FILED
May 01, 2006
Secretary of State

Entity Name: AI & BOYMELGREEN OF FLORIDA LLC

Current Principal Place of Business:

700 PACIFIC STREET
BROOKLYN, NY 11217

New Principal Place of Business:

Current Mailing Address:

700 PACIFIC STREET
BROOKLYN, NY 11217

New Mailing Address:

FEI Number: 20-1303705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HELLINGER, ANDREW B ESQ
200 SO. BISCAYNE BLVD.
SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PENABAD, CORALEE G ESQ
3050 BISCAYNE BLVD.
SUITE 700W
MIAMI, FL 33137 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: CORALEE G. PENABAD

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JESHAYAHU BOYMELGREE, N
Address: 700 PACIFIC STREET
City-St-Zip: BROOKLYN, NY 11217 US

Title: MGR () Delete
Name: PINCHAS COHEN,
Address: 700 PACIFIC STREET
City-St-Zip: BROOKLYN, NY 11217 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JESHAYAHU BOYMELGREEN

MGR

05/01/2006

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