

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047566

FILED
Jul 29, 2008
Secretary of State

Entity Name: AFRICA ISRAEL OF FLORIDA, LLC

Current Principal Place of Business:

700 PACIFIC STREET
BROOKLYN, NY 11217

New Principal Place of Business:

C/O AFI USA, 229 W. 43RD STREET
10TH FLOOR
NEW YORK, NY 10036

Current Mailing Address:

700 PACIFIC STREET
BROOKLYN, NY 11217

New Mailing Address:

C/O AFI USA, 229 W. 43RD STREET
10TH FLOOR
NEW YORK, NY 10036

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:

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

Name and Address of New Registered Agent:

MARTIN, ROZENBLUM
3050 BISCAYNE BLVD.
SUITE 700
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: MARTIN ROZENBLUM

07/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROSEN, ROTEM
Address: C/O AFI USA, 229 W. 43RD STREET
City-St-Zip: NEW YORK, NY 10036 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: ROTEM ROSEN

MGR

07/29/2008

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