

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047566

FILED  
May 01, 2009  
Secretary of State

Entity Name: AFRICA ISRAEL OF FLORIDA, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

MARTIN, ROZENBLUM  
3050 BISCAYNE BLVD.  
SUITE 700  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: ERIC WOLZ, ASSISTANT SECRETARY  
Electronic Signature of Registered Agent

05/01/2009

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AI FLORIDA HOLDINGS, INC  
Address: C/O AFI USA, 229 WEST 43RD STREET, 10TH FL  
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: TAMIR KAZAZ

MGR

05/01/2009

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