

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052601

Entity Name: D.I.R. MALEH, LLC

FILED  
Jan 12, 2008  
Secretary of State

**Current Principal Place of Business:**

19355 TURNBERRY WAY, UNIT #7H  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2027 EAST 4TH STREET  
BROOKLYN, NY 11223 US

**New Mailing Address:**

FEI Number: 20-1423875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HORNSTEIN, BRUCE  
317-71 STREET  
MIAMI BEACH, FL 33141 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MALEH, DAVID  
Address: 2027 E. 4 STREET  
City-St-Zip: BROOKLYN, NY 11223

Title: MGR ( ) Delete  
Name: MALEH, ISAAC  
Address: 821 AVENUE S  
City-St-Zip: BROOKLYN, NY 11223

Title: MGR ( ) Delete  
Name: MALEH, RAFAEL  
Address: 3701 N. COUNTRY CLUB DRIVE, #209  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

**ADDITIONS/CHANGES:**

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

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 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: DAVID MALEH

MGR

01/12/2008

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