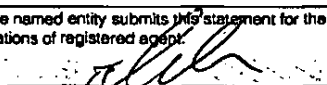
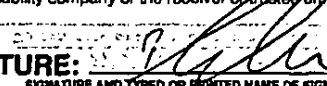


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

01-19-2005 90025 024 ****50.00

DOCUMENT # L04000062095 1. Entity Name MAMON, LLC																																																																																																									
Principal Place of Business 730 NW 7TH AVENUE BOCA RATON, FL 33486			Mailing Address 730 NW 7TH AVENUE BOCA RATON, FL 33486																																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		30002450  01122005 Chg-LLC CR2E083 (10/03)																																																																																																					
City & State		City & State																																																																																																							
Zip	Country	Zip	Country																																																																																																						
4. FEI Number 20-1528146						Applied For ☐ Not Applicable																																																																																																			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				FL Zip Code																																																																																																					
6. Name and Address of Current Registered Agent KEDEM, ILAN 730 NW 7TH AVENUE BOCA RATON, FL 33486						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																			
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  1-13-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)						DATE																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2005						Make check payable to Florida Department of State																																																																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>MGR KEDEM, ILAN</td> <td>730 NW 7TH AVENUE</td> <td>BOCA RATON, FL 33486</td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		MGR KEDEM, ILAN	730 NW 7TH AVENUE	BOCA RATON, FL 33486																																										TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																																													
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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.																																																																																																									
SIGNATURE:  1/13/05 259-5738667 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																									