## FILED Mar 22, 2006 8:00 am Secretary of State 2/1

2006	ANNUAL		'ĄN Y

DOCUMENT # L05000013365  1. Entity Name				02-20-2006 90147 013 ****50.00			
MENDAL FAMILY REAL ESTATE HOLDINGS, LLC							
Principal Place	e ol Business	Mailing Address					
1150 EAST HALLANDALE BEACH BLVD., SUI HALLANDALE BEACH FL 33009		1150 EAST HALLANDALE BEACH BLVD., SUI HALLANDALE BEACH FL 33009		ICH BLVD., SUI 99			
2. Principal Place of Business		3. Mailing Address			100 100 100 100 100 100 100 100 100 10		
Suite. Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)		
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applicat		
Zip	Country	Zip	Count	y 	5. Certificate of Status Desired S5.00 Additional Fea Required		
	6. Name and Address of Current F	Registered Agent		Name	7. Name and Address of New Registered Agent		
<b>P</b> ∩7	ENCWAIG & FERRERO-CAF	 DD	Ĺ	TWANTING			
301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009			Street Address (P.O. Box Number is Not Acceptable)				
		}	City	· FL Zip Code			
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 Sometime, special printed seams of required agent and 366 4 approachs. (NOTE: Registered Agent signature required when reinstating). DATE							
FILE NOW III FEE IS \$50.00  Make Check Revable to Florida Department of State  Due By May 1: 2006							
9.	MANAGING MEMBE		10.		ADDITIONS/CHANGES		
HTLE	MGR	☐ Delete	TITLE		, Change Addel		
NAME MENDAL, ISAAC IMME STREET ADDRESS 1150 EAST HALLANDALE BEACH BLVD., SUITE C STREET CITY-ST-ZP HALLANDALE BEACH FL 33009 CITY-ST			I ADDRESS				
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NAME STREET ADDRESS CITY-ST-ZIP		•		T ADORESS ST-ZIP			
11116		Delete	TITLE		☐ Change ☐ Additi		
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NAME			NAME	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP		i .		ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: Am J / 1 06 954-455-5003							
SIGNATURE: 0/1 / SIGNATURE AND TYPED OR PRINTED HAME OF ENGLING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Departed Proces							



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

MENDAL FAMILY REAL ESTATE HOLDINGS, LLC 1150 E HALLANDALE BCH BLVD STE C HALLANDALE BEACH, FL 33009

Subject: MENDAL FAMILY REAL ESTATE HOLDINGS, LLC

Reference Number:-

L05000013365

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION