2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016429

1. Entity Name
MFEB II, LLC

30010115

Principal Place of Business	Mailing Address
9595 COLLINS AVENUE #803 SURFSIDE, FL 33154-2637	9595 COLLINS AVENUE #803 SURFSIDE, FL 33154-2637

05202008   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number **APPLIED FOR** / Applied For / ☒ Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required
Zip / Country	Zip / Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DISTINTO, LLC 9595 COLLINS AVENUE #803 SURFSIDE, FL 33154-2637	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL Zip Code

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 ___
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
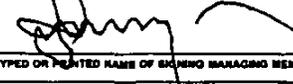
FILE NOW!!! FEE IS $138.75 **Due by September 12, 2008**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DISTINTO, LLC 9595 COLLINS AVENUE #803 SURFSIDE, FL 331542637	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENDOIM, ESTER 19333 COLLINS AVENUE #810 SUNNY ISLES BEACH, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ April-27-2008 305-947-79-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #