

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90027 012 \*\*\*\*50.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # L05000051355</b><br>1. Entity Name<br><b>MEB DAVIE RETAIL LLC</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>1645 SE 3RD COURT, SUITE 200<br/>DEERFIELD BEACH, FL 33441</b>   |   |   | Mailing Address<br><b>1645 SE 3RD COURT, SUITE 200<br/>DEERFIELD BEACH, FL 33441</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |  |
| 4. FEI Number<br><b>20-4531632</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LLOYD GRANET, P.A.<br/>2295 NW CORPORATE BLVD., SUITE 235<br/>BOCA RATON, FL 33431-7330</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>   |   |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | Make check payable to<br><b>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Member</b> <input type="checkbox"/> Delete<br><b>Robert Geiserman</b><br><b>1645 SE 3rd Court, Suite 200</b><br><b>Deerfield Beach, FL 33441</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Managing Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Member</b> <input type="checkbox"/> Delete<br><b>Marc Geiserman</b><br><b>1645 SE 3rd Court, Suite 200</b><br><b>Deerfield Beach, FL 33441</b>   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Managing Member</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   | Date <b>4.24.06</b> <b>954.420.1001</b><br><small>Daytime Phone #</small>  |   |  |