

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000065070

1. Entity Name
MEUCHADIM OF MIAMI, LLC



Principal Place of Business

6100 HOLLYWOOD BLVD., SUITE 407
HOLLYWOOD, FL 33024 US

Mailing Address

6100 HOLLYWOOD BLVD., SUITE 407
HOLLYWOOD, FL 33024 US



01102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3085131

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TANEY, DAVID
6100 HOLLYWOOD BLVD., SEVENTH FLOOR
HOLLYWOOD, FL 33024

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IN THIS SPACE**

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

Filing Fee is \$50.00
Due by May 1, 2007

U000000593055
01/22/07-80016-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FALIC, JEROME
STREET ADDRESS 6100 HOLLYWOOD BLVD., SEVENTH FLOOR
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE MGR
NAME FALIC, LEON
STREET ADDRESS 6100 HOLLYWOOD BLVD., SEVENTH FLOOR
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE MGR
NAME FALIC, SIMON
STREET ADDRESS 6100 HOLLYWOOD BLVD., SEVENTH FLOOR
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/07 984 986 7564