

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091798

Entity Name: FEDERAL MEWS LLC

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

11027 BAYBREEZE WAY
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

11027 BAYBREEZE WAY
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 22-3916519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERTELLI & ASSOCIATES, P.L.
595 S FEDERAL HWY STE 130
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

BENISA LEVIN, P.A.
500 SOUTHEAST 6TH STREET
SUITE 100
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: BENISA LEVIN

04/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AVIV, ABRAHAM
Address: 11027 BAYBREEZE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM () Delete
Name: SHIMRON, YOSEF
Address: 107 PAWLIN BLVD
City-St-Zip: LEONIA, NJ 07605

Title: MGRM () Delete
Name: AVED, JOSEPH
Address: 97 FOREST AVE
City-St-Zip: PARAMUS, NJ 07652

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENISA LEVIN

RA

04/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date