

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100102

Entity Name: MOULIN ROUGE AT MERIDIAN, LC

FILED  
Jan 20, 2006  
Secretary of State

**Current Principal Place of Business:**

80 SOUTHWEST 8TH STREET  
SUITE 3100  
MIAMI, FL 33130

**New Principal Place of Business:**

3326 MARY STREET  
SUITE 402  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

80 SOUTHWEST 8TH STREET  
SUITE 3100  
MIAMI, FL 33130

**New Mailing Address:**

3326 MARY STREET  
SUITE 402  
COCONUT GROVE, FL 33133

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEFELER, GEORGE  
80 SOUTHWEST 8TH STREET  
SUITE 3100  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

BEFELER, GEORGE ESQ.  
3326 MARY STREET  
SUITE 402  
COCONUT GROVE, FL 33133 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: GEORGE BEFELER

01/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BEFELER, GEORGE  
Address: 80 SOUTHWEST 8TH STREET, SUITE 3100  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BEFELER, GEORGE ESQ.  
Address: 3326 MARY STREET, SUITE 402  
City-St-Zip: COCONUT GROVE, FL 33133

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: GEORGE BEFELER

MGR

01/20/2006

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