

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109242

**FILED**  
**Jul 28, 2006**  
**Secretary of State**

**Entity Name:** MENDEL, L.L.C.

**Current Principal Place of Business:**

111 SOUTH HIBISCUS DRIVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

111 SOUTH HIBISCUS DRIVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 20-3811186      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SERFATY, CHARLES S ESQ  
4340 SHERIDAN STREET, SECOND FLOOR  
HOLLYWOOD, FL 33021 US

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

SUREAU, OLIVIER  
100 N BISCAYNE BLVD SUITE 500  
MIAMI, FL 33132 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: SUREAU OLIVIER

07/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: TRAVELSI, AUDREY DRIGUES  
Address: 111 SOUTH HIBISCUS DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR      ( ) Delete  
Name: DRIGUES, MELVIN  
Address: 111 SOUTH HIBISCUS DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: TRABELSI, AUDREY DRIGUES  
Address: 111 SOUTH HIBISCUS DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

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: TRABELSI, AUDREY DRIGUES

PD

07/28/2006

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