

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90418 007 \*\*\*\*50.00

<b>DOCUMENT # L05000111858</b>					
<b>1. Entity Name</b> MITTLEMAN BROTHERS, LLC					
<b>Principal Place of Business</b> 8659 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33437 US			<b>Mailing Address</b> 8659 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33437 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt., #, etc.			Suite, Apt., #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02092006 Chg-LLC CR2E083 (11/05)	
<b>4. FEI Number</b> 56-2545593				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				30003672	
<b>6. Name and Address of Current Registered Agent</b> MITTLEMAN, SETH J 8659 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33437			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
DATE					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2008</b>		Make check payable to Florida Department of State		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	MGR MITTLEMAN, SETH J 8659 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	MGR MITTLEMAN, JONATHAN T 2919 FONTAINEBLEAU DRIVE ATLANTA, GA 30360	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b>			Seth Mittelman 2-21-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



ATTACHMENT

30003672

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

MITTLEMAN BROTHERS, LLC  
8659 WOODGROVE HARBOR LANE  
BOYNTON BEACH, FL 33437 US

Subject: **MITTLEMAN BROTHERS, LLC**

Reference Number: **L05000111858**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION