2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000115322

Entity Name: THE MOUNT VERNON & BRAINTREE GROUP, LLC

Current Principal Place of Business:

7801 NW 67 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7801 NW 67 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-8573887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LILIAN SREDNI, PA
1380 NE MIAMI GARDENS DRIVE
SUITE 246
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ISAAC MENDAL REVOCAB, LE TRUST	
Address:	1150 E. HOLLANDALE BEACH BLVD. #C	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	MGRM	( ) Delete
Name:	APUCHIS CORP.,	
Address:	7801 NW 67 STREET	
City-St-Zip:	MIAMI, FL 33166	
Title:	MGRM	( ) Delete
Name:	VICTOR E. GOLDSMITH, REVOCABLE TRUS T	
Address:	2121 YACHT CLUB DRIVE	
City-St-Zip:	AVENTURE, FL 33180	
Title:	MGRM	( ) Delete
Name:	WOLFNAJMAN CHILDRENS, 'S IRREVOCABLE TRUST 1	
Address:	2121 NE 202 STREET	
City-St-Zip:	NORTH MAIMI BEACH, FL	
Title:	MGRM	( ) Delete
Name:	WOLFNAJMAN CHILDRENS, 'S IRREVOCABLE TRUST 2	
Address:	2121 NE 202 STREET	
City-St-Zip:	NORTH MAIMI BEACH, FL	
Title:	MGRM	( ) Delete
Name:	WOLFNAJMAN CHILDRENS, 'S IRREVOCABLE TRUST 3	
Address:	2121 NE 202 STREET	
City-St-Zip:	NORTH MAIMI BEACH, FL	

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:	
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 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: WOLF NAJMAN PRES 04/30/2008

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