2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # L06000025663 04-18-2007 90030 023 ****50.00 1. Entity Name 1219 HWY 98 LLC Principal Place of Business Mailing Address 2002BU28 4100 N. 28TH TERRACE 4100 N. 28TH TERRACE HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-LLC CR2E083 (12/06) City & State City & State 1. FEI Number 4400831 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STONE, ADEL I ESQ. Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA 100 S.E. THIRD AVENUE, SUITE 1400 FORT LAUDERDALE, FL 33394 City Zip Code FI 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Managing Member ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME Avi Ovaknin 4100 N 28 th Terrace Hollywood PL 33020 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Managing Member Doron-Malinasky TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS 4100 N28th Torrace Hollywood FL 33020 CITY+ST-ZIP CITY-ST-ZIP Managing Member Eliyanu Levy ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME 4100 NZ8 th remace STREET ADDRESS STREET ADDRESS HOTYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP managing Member ☐ Change ☐ Addition TITLE ☐ Defete TIT! F NAME NAME Snaul Zislin STREET ADDRESS STREET ADDRESS 4100 N ZBHATEVRACE HULLWOOD FL 33020 CITY+ST+7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #