2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000025663

1. Entity Name
1219 HWY 98 LLC

Principal Place of Business	Mailing Address
4100 N. 28TH TERRACE HOLLYWOOD, FL 33020	4100 N. 28TH TERRACE HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4466831

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, ADEL I ESQ.
ONE FINANCIAL PLAZA
100 S.E. THIRD AVENUE, SUITE 1400
FORT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000890373
04/22/08-80092-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DRAKNIN, AVI
STREET ADDRESS	4100 N 28TH TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MGRM
NAME	MALINASKY, DORON
STREET ADDRESS	4100 N 28TH TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MGRM
NAME	LEVY, ELIYAHU
STREET ADDRESS	4100 N 28TH TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MGRM
NAME	ZISLIN, SHAUL
STREET ADDRESS	4100 N 28TH TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Avi Drakin 4/7/08 (954)924-9779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #