2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 22, 2008 8:00 am Secretary of State

ANNUAL REPORT				Secretary of State		
DOCUMENT # L06000042238			25 T		90511 025 ***138.7	
A.D.MY. RETAIL OF MERRICK LLC		•				
			The state of the s			
Principal Place		Mailing Address 837 LINCOLN ROAD				
358 SAN LORENZO AVE SUITE # 1110		MIAMI BEACH, FL 33139				
CORAL GABLE	ES, FL 33146				ANN AARN 21613 MAIA MARA NIRN 1618	
2. Principal Pi	lace of Business - No P.O. Box #	3. Mailing Address 300 AYTHUY (mot rey?	05162008 Chall C		
Suifa, Apt. #., etc.		Suite, Apt. #, etc.	ì	05162008 Chg-LLC	CR2E083 (12/06)	
City & State		Mi Cimy Boach	11. Fl	4. FEI Number 20-4602834		olied For Applicable
/ip	Country		Country	Certificate of Status Desired	\$5.00 Addi	tional
	6. Name and Address of Curren		Dide	7. Name and Address of New	<u></u>	
.MOYAL, P.	ATDICK D	<i></i>	Name	TICHAD HA	MAR-	
208 N UNI	VERSITY DRIVE		Street Addres	s (P.O. Box Number is Not Acceptat	ole)	
PEMBROK	E PINES, FL 33024		3.0	S (BOX Manings is all vecebrar		
			CIN VII	AMI BODA	FL 220	40
	named entity submits this staryment i	or the purpose of changing its re-	gistered office or regis	tered agent, or both, in the State of		and accept
the obligat	ions of registered agent	>		</td <td>11/08</td> <td></td>	11/08	
SIGNATURE.		nj and title i applicable (INOTE Re	equitared Agent's granture regu	ried when reinstaling)	DATE	
]						
FILE	E NOW!!! FEE IS \$138.75	In accordance with s. f	307 193(2)(b) F.S.	the limited Ma	ake check payable to	
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 6 liability company did n		trie inflited	ake check payable to da Department of State	·
		liability company did n		notice. Flori		•
9.	by September 12, 2008 MANAGING MEME MGRM	liability company did n	ot receive the prior	notice. Flori	da Department of State	Addition
Due	by September 12, 2008 MANAGING MEME	liability company did n	ot receive the prior	notice. Flori	da Department of State	
9. HILH	MANAGING MEME MGRM KOBY, YORAM 641 ST H AVE APT#22N NEW YORK, NY 10019	liability company did no	10. IRLI' NAME	notice. Flori	da Department of State S/CHANGES Chauge	Addition
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• The Gray Certify that the information supplied with this initial questroit quality for it? exemptions contained in Chapter 119, Horida Statutes, I further negrety that the information indicated on this report is true and accounted and that my signature shall have the sone legal effect as it made under oath; that I am a managing mely being of the limited liability company or the receiver or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Language Proper #