26-JAN-2007 10:50 FROM:ADV LEVI 098628426

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Mar 13, 2007 8:00 am
Secretary of State
03-13-2007 90118 030 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000082572

1. Entity Name
LEGO, LLC

60023271

Principal Place of Business	Mailing Address
2801 N UNIVERSITY DRIVE #301 CORAL SPRINGS, FL 33065 US	2801 N UNIVERSITY DRIVE #301 CORAL SPRINGS, FL 33065 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01222007 Chg-LLC CR2E003 (10/06)

4. FEI Number 20-5425460 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGELAUB & ASSOCIATES, P.A.
2801 N UNIVERSITY DRIVE
#301
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

TITLE	MGRM	☐ Delete
NAME	LEVI, AVRAHAM	
STREET ADDRESS	2801 N UNIVERSITY DRIVE #301	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	MGRM	☐ Delete
NAME	GOLAN, YITSHAK	
STREET ADDRESS	2801 N UNIVERSITY DRIVE #301	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Avraham Levi Jan 26, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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