## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 21, 2008 08:00 A Secretary of State

1. Entity Name	MENT # L060001040 ERTIES, LLC	)37			secretary of S
Principal Place 7610 NORTH MIAMI, FL 33	EAST 4TH COURT	Mailing Address 7610 NORTHEAST 4TH COURT MIAMI, FL 33138		- 	DI NAN TANI DIKU BARDA KU KADADI NI SUB
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DO NOT WRITE IN THIS SPACE				03312008 No Chg-LLC	CR2E083 (12/07)
ן ט	U NOI WKILE	IN I HIS SPA	UE .	4. FEI Number 20-8375922	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent					
MIZRAHI, OFER 7610 NORTHEAST 4TH COURT MIAMI, FL 33138  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 acc the obligations of registered agent.					
Signature: typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent agnature required				d when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 05/06/08-80008-002 138.75					
9.	MANAGING MEMBER	S/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIZRAHI, OFER 7610 NORTHEAST 4TH COURT MIAMI, FL 33138				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	'RITE

IN THIS SPACE

11. I hereby certify that the information supplied with his filling 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 account any injuries 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: \_\_\_\_\_

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/16/08

Date

Dayime Phone #