




# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90335 006 \*\*\*138.75

<b>DOCUMENT # L07000026098</b> 1. Entity Name <b>JASMINE LAKES ACQUISITION, LLC</b>																																	
Principal Place of Business <b>2070 NORTH OCEAN BLVD. #3 BOCA RATON, FL 33431</b>			Mailing Address <b>2070 NORTH OCEAN BLVD. #3 BOCA RATON, FL 33431</b>																														
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 4110</b>		<div style="font-size: 24px; font-weight: bold;">30003258</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>03032008</span> <span>Chg-LLC</span> <span>CR2E083 (12/06)</span> </div>																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State <b>Boca Raton FL</b>																															
Zip	Country	Zip <b>33429</b>	Country																														
4. FEI Number <b>33-1159156</b>				Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<div style="font-size: 24px; font-weight: bold;">30003258</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>03032008</span> <span>Chg-LLC</span> <span>CR2E083 (12/06)</span> </div>																													
6. Name and Address of Current Registered Agent <b>LEVIN, ZVI 2070 NORTH OCEAN BLVD. #3 BOCA RATON, FL 33431</b>																																	
7. Name and Address of New Registered Agent																																	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS / MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>MGRM LAVISH HOLDING CORP.</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2070 NORTH OCEAN BLVD. #3</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>BOCA RATON, FL 33431</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS / CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	<b>MGRM LAVISH HOLDING CORP.</b>	<input type="checkbox"/>	STREET ADDRESS	<b>2070 NORTH OCEAN BLVD. #3</b>		CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
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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.																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b> _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%; text-align: center;"> <b>3-5-08</b>  <small>Date</small> </div> <div style="width: 20%; text-align: center;"> <b>561-391-9233</b>  <small>Daytime Phone #</small> </div> </div>																																	