2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106270

Entity Name: MAGEN CHAGAT, LLC

City-St-Zip:

BOCA RATON, FL 33498

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 20178 PALM ISLAND DR BOCA RATON, FL 33498 **Current Mailing Address: New Mailing Address:** 20178 PALM ISLAND DR BOCA RATON, FL 33498 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SASLAFSKY, GUSTAVO 20178 PALM ISLAND DR BOCA RATON, FL 33498 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition JAHAN, BEHZAD Name: Name: Address: 677 SQUIRE DR Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: COHEN, DANIEL Name: Address: 9295 LAKE SERENA DR Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SASLAFSKY, GUSTAVO Name: Name: 20178 PALM ISLAND DR. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: GUSTAVO SASLAFSKY RA 04/09/2008