

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122217

Entity Name: MOGAL, LLC

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

1900 CORPORATE BLVD.  
400 EAST  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

## Current Mailing Address:

1900 CORPORATE BLVD.  
400 EAST  
BOCA RATON, FL 33431 US

## New Mailing Address:

PO BOX 810996  
BOCA RATON, FL 334810996 US

FEI Number: 26-1540154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRIS, JEFFREY H  
1900 CORPORATE BLVD.  
400 EAST  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete  
Name: MORRIS, JEFFREY H  
Address: 1900 CORPORATE BLVD., SUITE 400 EAST  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM ( ) Delete  
Name: GALEL, YORAM  
Address: 20283 STATE ROAD 7, SUITE 213  
City-St-Zip: BOCA RATON, FL 33498 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MORRIS, JEFFREY H  
Address: PO BOX 810996  
City-St-Zip: BOCA RATON, FL 334810996 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JEFF MORRIS

MGRM

03/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date