

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003332**

1. Entity Name  
MEASA I, L.L.C.



Principal Place of Business  
3420 W. HALLANDALE BEACH BOULEVARD  
PEMBROKE PARK, FL 33023

Mailing Address  
3420 W. HALLANDALE BEACH BOULEVARD  
PEMBROKE PARK, FL 33023



06062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0927882	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

MOSCOVITCH, AARON  
3420 W HALLANDALE BCH BLVD  
PEMBROKE PINES, FL 33023

**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 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 September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSCOVITCH, AARON 3420 W. HALLANDALE BEACH BOULEVARD PEMBROKE PARK, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSCOVITCH, STEVEN 3420 W. HALLANDALE BEACH BOULEVARD PEMBROKE PARK, FL 33023
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**DO NOT WRITE  
IN THIS SPACE**

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:** *Aaron*

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

*6/12/06*

Date

Daytime Phone #