

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002711

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: MORI LEE LLC

**Current Principal Place of Business:**

6101 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6101 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 05-0534272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JALAZO, FRED  
% MORI LEE, LLC  
6101 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

RICHARD, GROSS W  
% MORI LEE, LLC  
6101 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 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: RICHARD W. GROSS

04/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEIBOWITZ, MORVIN  
Address: 6101 PARK OF COMMERCE BLVD.  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: GARDNER, MADELINE  
Address: 520 8TH AVE  
City-St-Zip: NEW YORK, NY 10018

Title: MGR ( ) Delete  
Name: UDELL, MITCHELL  
Address: 520 8TH AVE  
City-St-Zip: NEW YORK, NY 10018

Title: MGR ( ) Delete  
Name: UDELL, ANDREW  
Address: 520 8TH AVE  
City-St-Zip: NEW YORK, NY 10018

Title: MGR ( ) Delete  
Name: SCHULTZ, ANDREW  
Address: 520 8TH AVE  
City-St-Zip: NEW YORK, NY 10018

Title: MGR (X) Delete  
Name: NG, WILLY  
Address: 520 8TH AVE  
City-St-Zip: NEW YORK, NY 10018

**ADDITIONS/CHANGES:**

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

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

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

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

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

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: MORIVN LIEBOWITZ

MGR

04/16/2008

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