
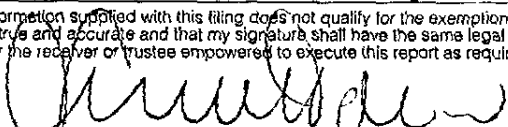


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004291					
1. Entity Name MEUCHADIM MANAGEMENT OF FLORIDA, L.L.C.					
Principal Place of Business 6100 HOLLYWOOD BLVD., SUITE 407 HOLLYWOOD, FL 33024			Mailing Address 6100 HOLLYWOOD BLVD., SUITE 407 HOLLYWOOD, FL 33024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1607568	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FALIC, SIMON 6100 HOLLYWOOD BLVD., SUITE 407 HOLLYWOOD, FL 33024				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALIC, SIMON			NAME	
STREET ADDRESS	6100 HOLLYWOOD BLVD., SUITE 407			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33024			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALIC, LEON			NAME	
STREET ADDRESS	6100 HOLLYWOOD BLVD., SUITE 407			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33024			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALIC, JEROME			NAME	
STREET ADDRESS	6100 HOLLYWOOD BLVD., SUITE 407			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33024			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 609, Florida Statutes.					
SIGNATURE: 				Date: 1/30/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # (954) 986 7500	