

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90179 026 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**30000485**



DOCUMENT # L05000010145			
1. Entity Name JAWALDS.2, LLC		Principal Place of Business 11710 STRAND WAY COOPER CITY, FL 33026	
Mailing Address 11710 STRAND WAY COOPER CITY, FL 33026		2. Principal Place of Business	
3. Mailing Address		Suite, Apt. #, etc	
City & State		City & State	
Zip		Country	
01242006 Chg-LLC CR2E083 (11/05)		4. FEI Number <b>35-2248675</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent STRAUS, ARNOLD JR 10081 PINES BOULEVARD, SUITE C PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when re-registering)			
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 NAME STREET ADDRESS CITY-STATE-ZIP	MGR STRAUS, ARNOLD M. JR. 11710 STRAND WAY COOPER CITY, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		MANAGING MEMBER 1/21/06 954 481-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

**ATTACHMENT** 30000485  
**STRAUS & EISLER, P.A.**  
*Attorneys at Law*

*Arnold Straus, Jr.  
Michael J. Eisler*

*10081 Pines Boulevard - Suite C  
Pembroke Pines, Florida 33024  
Broward: (954) 431-2000  
Facsimile: (954) 431-8999*

February 9, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

Re: JAWALDS 2, LLC  
Reference No.: L05000010145

JAWALDS 3, LLC  
Reference No.: L05000078011

Dear Sir or Madam:

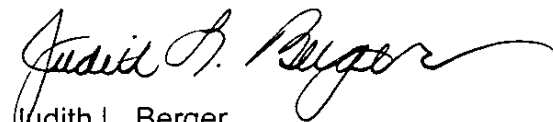
We are in receipt of your January 24, 2006 correspondence relating to the filing of the Annual Report for JAWALDS 3, LLC.

In that regard, a review of our files revealed that the FEI number in Block 4 on the Annual Report for JAWALDS 2, LLC was also inadvertently omitted. Therefore, we are resubmitting the Annual Report for JAWALDS 2, LLC and JAWALDS 3, LLC and have completed Block 4 on both reports by entering the corresponding FEI number.

If you require any additional information, please feel free to contact me.

Very truly yours,

**STRAUS & EISLER, P.A.**



Judith L. Berger  
Paralegal

JLB/bms  
Enclosure