

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90173 021 ****50.00

DOCUMENT # L05000059964 1. Entity Name JEL PROPERTIES, LLC																																																																									
Principal Place of Business 12535 ORANGE DRIVE # 608 DAVIE, FL 33330		Mailing Address 12535 ORANGE DRIVE # 608 DAVIE, FL 33330																																																																							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																							
City & State		City & State																																																																							
Zip	Country	Zip	Country																																																																						
4. FEI Number 00-3003347		Applied For ☐ Not Applicable																																																																							
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01252006 Chg-LLC CR2E083 (11/05)																																																																							
5. Name and Address of Current Registered Agent BUIGAS, M. LOURDES 1417 SEA GRAPE CIRCLE WESTON, FL 33326		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																																																																									
Filing Fee is \$50.00 Due by May 1, 2006																																																																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">Delete ☐</td> </tr> <tr> <td></td> <td>MGR BUIGAS, M. LOURDES</td> <td>12535 ORANGE DRIVE, # 608</td> <td>DAVIE, FL 33330</td> <td></td> </tr> <tr> <td></td> <td>MGR WEST, DALE L</td> <td>12535 ORANGE DRIVE, # 608</td> <td>DAVIE, FL 33330</td> <td></td> </tr> <tr> <td></td> <td>MGRM BUIGAS, GEORGE</td> <td>12535 ORANGE DRIVE, # 608</td> <td>DAVIE, FL 33330</td> <td></td> </tr> <tr> <td></td> <td>MGRM WEST, LISA</td> <td>12535 ORANGE DRIVE, # 608</td> <td>DAVIE, FL 33330</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete ☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete ☐</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete ☐		MGR BUIGAS, M. LOURDES	12535 ORANGE DRIVE, # 608	DAVIE, FL 33330			MGR WEST, DALE L	12535 ORANGE DRIVE, # 608	DAVIE, FL 33330			MGRM BUIGAS, GEORGE	12535 ORANGE DRIVE, # 608	DAVIE, FL 33330			MGRM WEST, LISA	12535 ORANGE DRIVE, # 608	DAVIE, FL 33330						Delete ☐					Delete ☐	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">Change ☐ Addition ☐</td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change ☐ Addition ☐																														
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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: <i>Louise Burger</i> Date: <i>1/31/06</i> Daytime Phone #: <i>954-214-4051</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																									