


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-15-2007 90278 030 ****50.00

DOCUMENT # L06000020701

1. Entity Name
JERK PROPERTIES AT DADELAND, LLC



Principal Place of Business Mailing Address
10830 SW 113 PLACE **10830 SW 113 PLACE**
MIAMI, FL 33176 **MIAMI, FL 33176**

30002124



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suits, Apt. #, etc. **10840 Sw 113 Place**
 Suits, Apt. #, etc. Suits, Apt. #, etc.

02052007 Chg-LLC CR2E083 (12/06)

City & State City & State
 Suits, Apt. #, etc. **Miami, FL**
 Suits, Apt. #, etc. Suits, Apt. #, etc.

4. FEI Number Applied For
20-4393066 Not Applicable

Zip Country Zip Country
33176 **FL** **33176** **FL**

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GREENBERG, JEFFREY
10830 SW 113 PLACE
MIAMI, FL FL

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
10840 Sw 113 Place
 City State Zip Code
Miami **FL** **33176**

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 reissuing)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	GREENBERG, JEFFREY	10830 SW 113 PLACE	MIAMI, FL 33176	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		10840 SW 113 PL		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

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

2/7/07

305-274-2626

Date

Daytime Phone #