

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000007650

1. Entity Name
FELNER ENTERPRISES, L.L.C.



Principal Place of Business
**6235 FLORIDIAN CIR.
LAKE WORTH, FL 33463**

Mailing Address
**6235 FLORIDIAN CIR.
LAKE WORTH, FL 33463**



01232005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1034148	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**FELNER, JEFFREY S
6235 FLORIDIAN CIRCLE
LAKE WORTH, FL 33463**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FELNER, JAY
STREET ADDRESS	4182 LIVE OAK BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 33445

TITLE	MGRM
NAME	FELNER, JEFFREY S
STREET ADDRESS	6235 FLORIDIAN CIR.
CITY-ST-ZIP	GREENACRES, FL 33463

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000200067
01/28/05-80010-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Jeffrey S. Felner 1/25/05 561 441.2372

Date

Daytime Phone #