

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 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**



01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1034148**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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, 2006**

U00000386131  
01/18/06-80046-010 50.00

**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	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

*Jeffrey S. Felner* 1/11/06 561.441.2372