


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 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
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DO NOT WRITE IN THIS SPACE



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1034148	Applied For 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

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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, 2007	U000000584031 01/12/07-80019-024 50.00
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELNER, JEFFREY S 6235 FLORIDIAN CIR. GREENACRES, FL 33463
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jeffrey S. Felner 1/2/07 8196608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #