

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000005238

1. Entity Name  
DPHDS JEWISH COMMUNITY HIGH SCHOOL, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 14 PM 2:31

Principal Place of Business  
6511 WEST SUNRISE BLVD.  
SUNRISE, FL 33313

Mailing Address  
6511 WEST SUNRISE BLVD.  
SUNRISE, FL 33313



03052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1102456	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAYNE, TAMMY  
2927 PADDOCK LANE  
WESTON, FL 33331

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

100123684101  
04/16/08--01008--019 \*\*213.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, SALOMON 13860 SW 40TH STREET DAVIE, FL 33330
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKS, GARY 2821 FAIRWAY DRIVE HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINBAUM, MARTIN 12330 NW 77TH MANOR PARKLAND, FL 33076
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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B 4/14/08

**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: *X Tammy Jayne*

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

3/25/08

Date

954-885-0004

Daytime Phone #