

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000008413	
1. Entity Name 824 JEFFERSON AVENUE, L.L.C.	

Principal Place of Business 20818 W. DIXIE HIGHWAY AVENTURA FL 33180	Mailing Address P.O. BOX 403353 MIAMI BEACH FL 33140
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 65-0448613	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent GORFINKEL, NESTOR B 20818 WEST DIXIE HIGHWAY AVENTURA FL 33180	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____

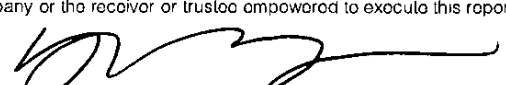
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BRAFMAN, YAAKOV P.O. BOX 403353 MIAMI BEACH FL 33140 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WEBERMAN, ELI P.O. BOX 403353 MIAMI BEACH FL 33140 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

U000000713961 ☐ Change ☐ Addition
04/27/07-80004-011 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **YAAKOV BRAFMAN** 4/16/07 305-772-5219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #