

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000008548

1. Entity Name
J.E.N., LLC



Principal Place of Business

16097 BRISTOL POINTE DRIVE
DELRAY BEACH, FL 33446

Mailing Address

16097 BRISTOL POINTE DRIVE
DELRAY BEACH, FL 33446



04202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1115386	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

BOHATCH, JOHN S
2600 DOUGLAS ROAD
PENTHOUSE 8
CORAL GABLES, FL 33134

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEES, JOHN EDWARD 16097 BRISTOL POINTE DRIVE DELRAY BEACH, FL 33446
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05/31/06-80002-008 50.00

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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 #

4/28/06 xSGT-306-066