


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000018338 1. Entity Name <b>JOSEF'S LLC</b>	
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Principal Place of Business <b>9763 WEST BROWARD BOULEVARD          PLANTATION, FL 33324</b>	Mailing Address <b>4978 N.W. 64TH DRIVE          CORAL SPRINGS, FL 33067</b>
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**DO NOT WRITE IN THIS SPACE**



08212006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>73-1652674</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDBERG, DAVID H ESQ.  
 900 S.W. 2ND AVENUE  
 MIAMI, FL 33130**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 6, 2006**

U00000575535  
 08/28/06-80006-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHIBANETZ, BETH 4978 NW 64TH DRIVE POMPANO BEACH, FL 33067</b>
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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: *Beth Schibanz* *8/22/06* *954-473-0000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #