## .. 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000026744

1. Entity Name JF, LLC



**FILED** May 11, 2006 08:00 Al Secretary of State

Principal Place of Business 6866 STIRLING ROAD HOLLYWOOD, FL 33023

Mailing Address 6866 STIRLING ROAD HOLLYWOOD, FL 33023



DO NOT WRITE IN THIS SPACE

04142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 83-0351998

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, JOAN M DR.

## DO NOT WRITE

COCONUT CREEK, FL 33073		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its relians of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable (NOTE	Registered Agent signature required when reinstating)  DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006	
9.	MANAĞING MEMBERS/MANAĞERS	
ITILE NAME STREET ADDRESS CMY-ST-ZIP	MGR FREEDMAN, JOAN 4100 NW 74 STREET COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000564026 05/20/06-80041-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
THE NAME STREET ADDRESS CITY+ST-ZIP		IN THIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
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		

SIGNATURE: ⊻

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

Daytime Phone #