## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # L04000015322 1. Entity Name JELSALESILC Mailing Address Principal Place of Business 1135 LEMONWOOD ST 1135 LEMONWOOD ST HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 54-2146718 Not Applicable Zip Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama LORBER, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 1135 LEMONWOOD ST HOLLYWOOD FL 33019 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 Signature, typod or printed name of registered agent and trips it explicable (NOTE: Progresered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE ☐ Change ☐ Addition NAME LORBER, JONATHAN NAME STREET ADDRESS 1135 LEMONWOOD ST STREET ADDRESS U0000044**7**746 <del>03/08/06 80069 016 50,60</del> CITY-ST-789 HOLLYWOOD FL 33019 CITY-ST-ZIP THRE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TIRLE ☐ Defete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP TITLE ☐ Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

2/23/06-1954)924-3500

**FILED**