2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

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Entity Name: J.A.F. ASSOCIATES L.L.C.

Current Principal Place of Business:

1122 S.E. 31ST STREET
CAPE CORAL, FL 33904

New Principal Place of Business:

3685 FOWLER STREET
FORT MYERS, FL 33901

Current Mailing Address:

1122 S.E. 31ST STREET
CAPE CORAL, FL 33904

New Mailing Address:

3685 FOWLER STREET
FORT MYERS, FL 33901

FEI Number: 20-0859018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVENE, ANTHONY S
3685 FOWLER STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEVENE, ANTHONY S
Address: 1122 S.E. 31ST STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR ( ) Delete
Name: LEVENE, CHERYL A
Address: 1122 S.E. 31ST STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LEVENE, ANTHONY S
Address: 3685 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901

Title: MGR (X) Change ( ) Addition
Name: LEVENE, CHERYL A
Address: 3685 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY S. LEVENE MGR 04/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date