


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000039849 1. Entity Name SHELDON JAFFEE, LLC		
Principal Place of Business 3670 N.W. 76TH STREET MIAMI, FL 33147		Mailing Address C/O VINCE MELE & ASSOCIATES 2601 SOUTH BAYSHORE DRIVE PENTHOUSE 1A COCONUT GROVE, FL 33133
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KORNIK, GARY H ESQ 18901 N.E. 29TH AVENUE STE. 100 AVENTURA, FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAFFEE, SHELDON 3670 N.W. 76TH STREET MIAMI, FL 33147	
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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: <u><i>Sheldon Jaffee, LLC</i></u> 1/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01192006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1369513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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02/11/06-80042-001 150.00

**DO NOT WRITE
IN THIS SPACE**