

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052828

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: THE JAFMAN GROUP L.L.C.

**Current Principal Place of Business:**

8103 WOODRIDGE POINTE DRIVE  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

8103 WOODRIDGE POINTE DRIVE  
FT. MYERS, FL 33912

**New Mailing Address:**

FEI Number: 56-2484439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIEBERMAN, BARBARA  
8103 WOODRIDGE POINTE DRIVE  
FT. MYERS, FL 33912 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: MGRM ( ) Delete  
Name: LIEBERMAN, BARBARA  
Address: 8103 WOODRIDGE POINTE DRIVE  
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM ( ) Delete  
Name: JAFFE, BARBARA  
Address: 5685 BALKAN COURT  
City-St-Zip: FT. MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA JAFFE

MGRM

04/07/2006

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