2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000052828

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

Principal Place of Business	Mailing Address
8103 WOODRIDGE POINTE DRIVE FT. MYERS, FL 33912	8103 WOODRIDGE POINTE DRIVE FT. MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

07242007No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2484439

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, BARBARA
8103 WOODRIDGE POINTE DRIVE
FT. MYERS, FL 33912

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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: _____ 7/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

U00000770709
07/27/07-80004-007 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LIEBERMAN, BARBARA
STREET ADDRESS	8103 WOODRIDGE POINTE DRIVE
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	MGRM
NAME	JAFFE, BARBARA
STREET ADDRESS	5685 BALKAN COURT
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/22/07 239-765-2882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #