

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057120

1. Entity Name
JENBELLA PROPERTIES, L.L.C.



Principal Place of Business
**115 TIMBERLACHEN CIRCLE
SUITE 2001
LAKE MARY, FL 32746**

Mailing Address
**115 TIMBERLACHEN CIRCLE
SUITE 2001
LAKE MARY, FL 32746**



04132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1475166

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**CHRISTIAN G. PAYER, P.A.
205 EAST CENTRAL BLVD.
SUITE 500
ORLANDO, FL 32801**

**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

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHRISTIAN G. PAYER, P.A.
STREET ADDRESS	205 EAST CENTRAL BLVD, SUITE 500
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGRM
NAME	CERASOLI, FRANK
STREET ADDRESS	115 TIMBERLACHEN CIRCLE, SUITE 2001
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000523833
05/03/06-80089-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #