2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000066473

JR EISENMAN PROPERTIES, LLC



Principal Place of Business

21242|XFTUCPSFTUI JAMONMETUF!211.B XFM/DHPO!GM44525.721:

Mailing Address

21242!XFTU@PSFTUI JM/ON/1/211.B XFM/DHJPO!@M44525.721:

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90069 046 ****50.00



04272006 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|----------------------------------|-------------------|---------------------|
| 20-1606619 | | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 Fee Reg | Additional uired |

6. Name and Address of Current Registered Agent

ATTERBURY, WILLIAM W 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480

SIGNATURE:

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4.27.06

| 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 NAME STREET ADDRESS CITY-ST-ZIP | MGR TALBOTT, MADELEINE C 10131 WEST FOREST HILL BLVD STE. 100-A WELLINGTON, FL 334146109 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE Name Street address City-St-Zip | | DO NOT V | VRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS S | PACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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. | | | | | |

Madeleine C.

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