

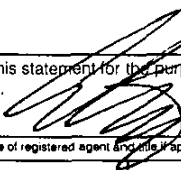
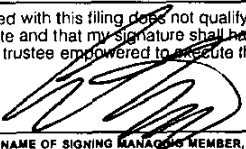


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90054 049 ****50.00

DOCUMENT # L05000023757 1. Entity Name JAY REALTY VENTURE NO. 2, LLC					
Principal Place of Business C/O BERT OLIVER, P.A. 2060 N.W. BOCA RATON BLVD., STE. 6 BOCA RATON, FL 33431			Mailing Address C/O BERT OLIVER, P.A. 2060 N.W. BOCA RATON BLVD., STE. 6 BOCA RATON, FL 33431		
2. Principal Place of Business 2665 S. Bayshore Dr. Suite, Apt. #, etc. PH-2A		3. Mailing Address 2665 S. Bayshore Dr Suite, Apt. #, etc. PH-2A			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-4587725	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVER, BERT R 2060 N.W. BOCA RATON BLVD., STE. 6 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Ezra Katz Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Dr. PH-2A City Miami FL Zip Code 33133	
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 				DATE 4-19-06	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Ezra Katz 2665 S. Bayshore Dr., PH-2A Miami FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				Date 4-19-06 Daytime Phone # 305-854-5000	