

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040693

Entity Name: JEFFREY FRIEFELD, LLC

FILED  
May 03, 2006  
Secretary of State

**Current Principal Place of Business:**

1041 SW 176TH AVE.  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

1041 SW 176TH AVE.  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 20-2763045      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SHELDON FRIEFELD, ESQ.  
7533 HAWKS LANDING DRIVE  
WEST PALM BEACH, FL 33412      US

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: MGR      ( ) Delete  
Name: FRIEFELD, JEFFREY  
Address: 1041 SW 176TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM      ( ) Delete  
Name: FRIEFELD, DEBORAH  
Address: 1041 SW 176TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029

**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: JEFFREY FRIEFELD

MGR

05/03/2006

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