


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90080 047 \*\*\*\*50.00

**DOCUMENT # L05000048902**

1. Entity Name  
**JENEL REALTY, LLC**



Principal Place of Business  
**998 W. FLAGLER STREET  
 MIAMI, FL 33130**

Mailing Address  
**998 W. FLAGLER STREET  
 MIAMI, FL 33130**

**30001242**



2. Principal Place of Business  
**7213 NW 12th Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7213 NW 12th Street**  
 Suite, Apt. #, etc.

01242006 Chg-LLC CR2E083 (11/05)

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip Country  
**33126 USA**

Zip Country  
**33126 USA**

4. FEI Number  
**20-2877699**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**M & W AGENTS, INC.  
 2101 CORPORATE BLVD., SUITE 107  
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name  
**Alan W. Levine, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**1110 Brickell Avenue, Seventh Floor**

City  
**Miami**

Zip Code  
**FL 33131**

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  **ALAN W. LEVINE, ESQ.** **1/24/06**  
Signature typed in place of name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

**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	MGR GIDNEY, JEFFREY 998 W. FLAGLER STREET MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER SAHEL CORP., A Florida Corporation 7213 NW 12th Street Miami, Florida 33126 <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
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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:  **1/24/06 305-324-1234**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **EX 301**



ATTACHMENT

30001249

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2006

JENEL REALTY, LLC  
7213 NW 12TH ST  
MIAMI, FL 33126

Subject: JENEL REALTY, LLC

Reference Number: L05000048902

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION