2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Apr 16, 2007 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # 05000048902 1. Entity Name JENEL REALTY, LLC									07 90343 00		(0.00
Principal Place 7213 NW 12 MIAMI, FL 3	2TH ST	S Company	Mailing Address 7213 NW 12TH ST MIAMI, FL 33126			- 60032. La					
2. Principal F	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04112007	Chg-LLC	CR2E08	33 (12/06)	
City & State			City & State				4. FEI Numb 20-287			<u> </u>	pplied For ot Applicable
Zip		Country and Address of Current F	Zip Country				1	e of Status Desire	° ⊔ _Е	5.00 Add ee Require	
		Name									
TAVANA CORP. 7213 NW 124TH ST					JALALI-BIDGOLI, HASSAN Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	-						13 NW 12TH STREET				
		0 12			City					Zip Cod	
8. The above named entity submits this statement to the purpose of changing its regist							MI, FL 33		FL Florida, Lam fa		
8. The above named entity submits this statement to the gurpose 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 as	nd title if applicable. (NOT	E: Registere	d Agent signat	ure required	(when reinstating)		DATE	0/	
Filing Fee is \$50.00 Due by May 1, 2007								Flor	lake check pa ida Departme	yable to	e
9. TITLE	MGR	MANAGING MEMBER	RS/MANAGERS A Delete	10.		MGF	₹	ADDITION	NS/CHANGES	Change	≭ Addition
NAME STREET ADDRESS CITY-ST-ZIP	GIDNEY, 998 W. FL MIAMI, FL	AGLER STREET	S Delets	EET ADDRESS -ST-ZIP	TAV. 7213	VANA CORP. 3 NW 12TH STREET MI, FL 33126			change	Audition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR SAHEL CO 7213 NW MIAMI, FL								☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete						,	☐ Change	Addition
11. I hereby of indicated limited lia	certify that the on this reportibility compar	e information supplied with the tistrue and accurate and the true and the true and the true are true and the true are true and the true are true are true are true are true are true are true.	this filing dees not qualify for that my stonature shall have empowered to execute this	ne same report as	mptions co regal effe required l	intained i ct as if m by Chapt	in Chapter 119 nade under oat ter 608, Florida	, Florida Statutes. h; that I am a mai Statutes.	I further certify naging member	that the info or manage	er of the