


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

01-19-2006 90063 039 ****50.00

DOCUMENT # L05000078011					
1. Entity Name JAWALDS 3, LLC					
Principal Place of Business 10018 PINES BOULEVARD, SUITE C PEMBROKE PINES, FL 33024			Mailing Address 10018 PINES BOULEVARD, SUITE C PEMBROKE PINES, FL 33024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent STRAUS, ARNOLD JR, ESQ STRAUS & EISLER, P.A. 10081 PINES BOULEVARD, SUITE C PEMBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-stating) 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 STRAUS, ARNOLD M JR 10018 PINES BOULEVARD, SUITE C PEMBROKE PINES, FL 33024	<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: <u>Arnold M Straus</u> Mgr				Date: <u>1/9/06</u> 954-431-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone	

30000484



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number **04-3824043** Applied For Not Applicable

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

ATTACHMENT 30000484

STRAUS & EISLER, P.A.
Attorneys at Law

*Arnold Straus, Jr.
Michael J. Eisler*

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Pembroke Pines, Florida 33024
Broward: (954) 431-2000
Facsimile: (954) 431-8999*

February 9, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Re: JAWALDS 2, LLC
Reference No.: L05000010145

JAWALDS 3, LLC
Reference No.: L05000078011

Dear Sir or Madam:


We are in receipt of your January 24, 2006 correspondence relating to the filing of the Annual Report for JAWALDS 3, LLC.

In that regard, a review of our files revealed that the FEI number in Block 4 on the Annual Report for JAWALDS 2, LLC was also inadvertently omitted. Therefore, we are resubmitting the Annual Report for JAWALDS 2, LLC and JAWALDS 3, LLC and have completed Block 4 on both reports by entering the corresponding FEI number.

If you require any additional information, please feel free to contact me.

Very truly yours,

STRAUS & EISLER, P.A.


Judith L. Berger
Paralegal

JLB/bms
Enclosure