



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90018 007 ****55.00

DOCUMENT # L05000091929 1. Entity Name J. DAFNA LLC					
Principal Place of Business 17031 BOCA CLUB BOULEVARD #81B BOCA RATON, FL 33487			Mailing Address 17031 BOCA CLUB BOULEVARD #81B BOCA RATON, FL 33487		
2. Principal Place of Business 17031 Boca Club Blvd Suite, Apt. #, etc. # 81B City & State Boca Raton Zip 33487 Country PB		3. Mailing Address 17031 Boca Club Blvd Suite, Apt. #, etc. 81B City & State Boca Raton Zip 33487 Country PB			
01262006 Chg-LLC CR2E083 (11/05)				4. FEI Number 06-1756840	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRUNBERG, FEBUS 17031 BOCA CLUB BOULEVARD #81B BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Febus Grunberg</i></u> Febus Grunberg Febus Grunberg 1-27-2006 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)</small>					
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	MGRM GRUNBERG, NENETTE 17031 BOCA CLUB BOULEVARD #81B BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRUNBERG, JEFFREY J 17031 BOCA CLUB BOULEVARD #81B BOCA RATON, FL 33487		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	
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: <u><i>Nenette Grunberg</i></u> Nenette Grunberg 1-27-06 561-9120238 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					