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Secretary of State

04-26-2006 90022 021 ****50.00

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000119563

1. Entity Name
JAY REAL ESTATE PROPERTIES, LLC

30008167

Principal Place of Business	Mailing Address
120 E. PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432	120 E. PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432

04192006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1075 AIRPORT TERMINAL	1075 AIRPORT TERMINAL
Suite, Apt. #, etc. DR	Suite, Apt. #, etc. DRIVE
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32720 Country: USA	Zip: 32720 Country: USA

4. FEI Number: 26-2546672 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONATHAN J. LICHTMAN, P.A. 120 EAST PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432	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 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 LICHTMAN, JONATHAN J 120 E. PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT A. HASS MANAGER 1075 AIRPORT TERMINAL DR ORLANDO FL 32720 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: ______ 4-24-2006 (386) 740-7355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Robert A. NASS