

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L05000120930

1. Entity Name

JAFFE OF SAWGRASS II, LLC



Principal Place of Business

555 S.W. 12TH AVENUE, SUITE 101
POMPANO BEACH, FL 33069

Mailing Address

555 S.W. 12TH AVENUE, SUITE 101
POMPANO BEACH, FL 33069



03212007No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

20-3964122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, BRUCE J ESQ
2701 LE JEUNE ROAD, SUITE 404
CORAL GABLES, FL 33134

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IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JAFFE, NORMAN
STREET ADDRESS 555 SW 12TH AVE SUITE 101
CITY-ST-ZIP POMPAN BEACH, FL 33069

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05/18/07-80099-012 50.00

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IN THIS SPACE**

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:

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

Date

Daytime Phone #