

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90117 032 \*\*\*\*50.00

<b>DOCUMENT # L06000073255</b>					
<b>1. Entity Name</b> JEFF'S NEW YORK, LLC					
<b>Principal Place of Business</b> 400 TURKEY CREEK ALACHUA, FL 32615			<b>Mailing Address</b> 400 TURKEY CREEK ALACHUA, FL 32615		
<b>2. Principal Place of Business - No P.O. Box #</b> 21 West University Av		<b>3. Mailing Address</b> PO Box 14036			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Gainesville, Florida		<b>City &amp; State</b> Gainesville, Florida		<b>4. FEI Number</b> 20-5266574	
<b>Zip</b> 32601		<b>Country</b> Alachua		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BARON, IRA S 3201 NW 24TH AVENUE GAINESVILLE, FL 32605		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code                 </span>			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM	<b>NAME</b> SHERMAN, JEFF W	<input type="checkbox"/> Delete	<b>TITLE</b> MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 400 TURKEY CREEK					
<b>CITY-ST-ZIP</b> ALACHUA, FL 32615					
<b>TITLE</b> MGRM	<b>NAME</b> BARON, IRA S	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3201 NW 24TH AVENUE					
<b>CITY-ST-ZIP</b> GAINESVILLE, FL 32605					
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b> MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b> Melissa Allison-Sherman			
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>			
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>			
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>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.</b>					
<b>SIGNATURE</b> 		Ira S. Baron, Managing Member 04/23/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					