

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090083

FILED  
Aug 11, 2008  
Secretary of State

**Entity Name:** J.A.F. ENTERPRISES & ENGINEERING, LLC

**Current Principal Place of Business:**

4611 SOUTH UNIVERSITY AVE  
SUITE 188  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4611 SOUTH UNIVERSITY AVE  
SUITE 188  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 20-5540396      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CLARK, CHUCK  
901 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990      US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FARLEY, JOHN A  
Address: 4611 SOUTH UNIVERSITY AVE, SUITE 188  
City-St-Zip: DAVIE, FL 33328

Title: MGR      (X) Delete  
Name: COLE, ALICIA S  
Address: 5740 4TH ST. NE  
City-St-Zip: FRIDLEY, MN 55432

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN A FARLEY

MGRM

08/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date