

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90119 008 ****50.00

DOCUMENT # L06000095219

1. Entity Name
JAFFE OF ST. LOUIS, 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**

60031693

2. Principal Place of Business - No P.O. Box #
3000 Island Blvd

Suite, Apt. #, etc.
Apt 2803

City & State
Aventura, FL

Zip
33160

Country
US

3. Mailing Address
3000 Island Blvd

Suite, Apt. #, etc.
Apt 2803

City & State
Aventura, FL

Zip
33160

Country
US



03302007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ 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.
2655 LE JEUNE ROAD, SUITE 816
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
Name **Gary F. Jaffe, M.D.**
Street Address (P.O. Box Number is Not Acceptable)
3000 Island Blvd
Apt 2803
City **Aventura** FL Zip Code **33160**

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 **Gary F. Jaffe, M.D.** DATE **3/30/07**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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 606, Florida Statutes.

SIGNATURE: **Gary F. Jaffe, M.D.** DATE: **3/30/07** TELEPHONE: **305-945-7433**

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