

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90036 035 ***138.75

DOCUMENT # L07000013869 1. Entity Name JIFLA, LLC			
Principal Place of Business 9559 COLLINS AVENUE APARTMENT 609S SURFSIDE, FL 33154 US		Mailing Address 9559 COLLINS AVENUE APARTMENT 609S SURFSIDE, FL 33154 US	
2. Principal Place of Business - No P.O. Box # 10175 Collins Avenue Suite, Apt. #, etc. Apt. 902 City & State Bal Harbour FL Zip 33154 Country US		3. Mailing Address 10175 Collins Avenue Suite, Apt. #, etc. Apt. 902 City & State Bal Harbour FL Zip 33154 Country US	
4. FEI Number 20-8410184		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JAFFE, LAWRENCE E ESQ. 9559 COLLINS AVENUE APARTMENT 609S SURFSIDE, FL 33154		7. Name and Address of New Registered Agent Name Jaffe, Lawrence E. Esq. Street Address (P.O. Box Number is Not Acceptable) 10175 Collins Avenue Apt. 902 City Bal Harbour FL Zip Code 33154	
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 Lawrence E. Jaffe Esq. DATE April 30, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete JAFFE, LAWRENCE E ESQ. 9559 COLLINS AVENUE, APARTMENT 609S SURFSIDE, FL 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10175 Collins Avenue, Apt. 902. Bal Harbour FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete JAFFE, JOSHUA M ESQ. 777 TERRACE AVENUE HASBROUCK HEIGHTS, NJ 07604	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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
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
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
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: Joshua M. Jaffe <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date April 30, 2008 Daytime Phone # (202) 288-8282	