

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000053624

FILED  
May 03, 2010  
Secretary of State

Entity Name: JAFFE LABS LLC

## Current Principal Place of Business:

639 CLEVELAND STREET  
SUITE 345  
CLEARWATER, FL 33755

## New Principal Place of Business:

519 CLEVELAND STREET  
SUITE 205  
CLEARWATER, FL 33755

## Current Mailing Address:

639 CLEVELAND STREET  
SUITE 345  
CLEARWATER, FL 33755

## New Mailing Address:

519 CLEVELAND STREET  
SUITE 205  
CLEARWATER, FL 33755

FEI Number: 27-0287661      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:

JAFFE, SHELLEY R  
639 CLEVELAND STREET  
SUITE 354  
CLEARWATER, FL 33755 US

## Name and Address of New Registered Agent:

JAFFE, SHELLEY R  
519 CLEVELAND STREET  
SUITE 205  
CLEARWATER, FL 33755 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: SHELLEY JAFFE

05/03/2010

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: JAFFE, LAWRENCE G  
Address: 519 CLEVELAND STREET, SUITE 205  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM  
Name: JAFFE, SHELLEY R  
Address: 519 CLEVELAND STREET, SUITE 205  
City-St-Zip: CLEARWATER, FL 33755

I hereby 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: SHELLEY JAFFE

MGRM

05/03/2010

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