

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000004326

1. Entity Name
JAFED PROPERTIES, LLC



Principal Place of Business
C/O FREDRIC C. STEIN
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308-3200

Mailing Address
C/O FREDRIC C. STEIN
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308-3200



01072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0377400

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

RAUCH, RANDALL
C/O RAUCH WEAVER NORFLEET KURTZ & CO
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308-3200

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STEIN, FREDRIC C
STREET ADDRESS	124 BRADLEY AVENUE
CITY-ST-ZIP	WHITE PLAINS, NY 10607
TITLE	MGR
NAME	STEIN, JONAS P
STREET ADDRESS	WINDSOR HILL D-31
CITY-ST-ZIP	WATerville VALLEY, NH 03215
TITLE	MGR
NAME	BERNSTEIN, DOROTHY G
STREET ADDRESS	420 EAST 72ND STREET, #4-H
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000232140
02/16/05-80053-022 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

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

Date _____

Daytime Phone # _____