

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90243 014 ****50.00

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

20010235



02092006No Chg-LLC CR2E083 (11/05)

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

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

DO NOT WRITE IN THIS SPACE

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE