

**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 \_\_\_\_\_

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, 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:** \_\_\_\_\_

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

Date

Daytime Phone #