


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # M04000000764 1. Entity Name JENKINS GLOBAL EXECUTION, LLC																																										
Principal Place of Business 340 GIRALDA AVENUE, SUITE 817E CORAL GABLES, FL 33134	Mailing Address 340 GIRALDA AVENUE, SUITE 817E CORAL GABLES, FL 33134																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent JENKINS, ROBERT 340 GIRALDA AVENUE, SUITE 817E CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																										
Filing Fee is \$50.00 Due by May 1, 2006																																										
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>JENKINS, ROBERT</td></tr><tr><td>STREET ADDRESS</td><td>340 GIRALDA AVENUE, SUITE 817E</td></tr><tr><td>CITY - ST - ZIP</td><td>CORAL GABLES, FL 33134</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	MGR	NAME	JENKINS, ROBERT	STREET ADDRESS	340 GIRALDA AVENUE, SUITE 817E	CITY - ST - ZIP	CORAL GABLES, FL 33134	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		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
TITLE	MGR																																									
NAME	JENKINS, ROBERT																																									
STREET ADDRESS	340 GIRALDA AVENUE, SUITE 817E																																									
CITY - ST - ZIP	CORAL GABLES, FL 33134																																									
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY - ST - ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY - ST - ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY - ST - ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY - ST - ZIP																																										
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: <u>Robert C. Jenkins</u> <u>2/17/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>																																										



01182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2159278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

000000515177
04/23/06-80201-010 50.00