

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000142**

**JAFFA DEVELOPMENT GROUP, LLC**  
C/O JOSHUA GOLDBERG  
8220 WEST STATE ROAD 84  
FORT LAUDERDALE FL 33324

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1a. Principal Place of Business Address  
C/O JOSHUA GOLDBERG  
8220 WEST STATE ROAD 84  
FORT LAUDERDALE FL 33324  
03/24/99 90064 001 188.75

3. Date Organized or Qualified	3a. State of Formation
02/13/1998	OH
4. FEL Number	<input type="checkbox"/> Applied For
65-0210180	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
	58.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
GOLDBERG, JOSHUA 8220 WEST STATE ROAD 84 FORT LAUDERDALE FL 33324	Name Joshua Goldberg Street Address (P.O. Box Number is Not Acceptable) 8300 Crespi Blvd #2 Suite, Apt. #, etc. City MB Zip Code FL 33141

9. Pursuant to the provisions of Sections 608.418 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Same agent!!! DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ROBERT GOLDBERG, TRUST	1801 EAST NINTH STREET	CLEVELAND OH

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: [Signature] 3-12-99 - 305-868-1858  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #