2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001399

1. Entity Name J-G EQUITIES, L.L.C.

FILED Feb 03, 2004 08:00 AM Secretary of State

Principal Place of Business

855 EAST APTAKISIC ROAD BUFFALO GROVE, IL 60089 Mailing Address

855 EAST APTAKISIC ROAD BUFFALO GROVE, IL 60089



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	 A	pplied For
36-4197389	N N	ot Applicable
5. Certificate of Status Desired	\$5.00 Ad Fee Require	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103-3060

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The above named entity submits this statement for the purpose of character colligations of registered agent. SIGNATURE	nging its registered office or regis	tered agent, or both, in the Sta	te of Florida. I am familiar w	ith, and accept
Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature requ	ired when reinstaling)	DATE	
Filing Fee is \$50.00 Due by May 1, 2004				

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	LEIDER, GERARD F		
STREET ADDRESS	855 EAST APTAKISIC ROAD		
CITY-ST-ZIP	BUFFALO GROVE, IL 60089		
TITLE	MGRM		
NAME	LEIDER, M. JAMES		
STREET ADDRESS	855 EAST APTAKISIC ROAD		
CITY-ST-ZIP	BUFFALO GROVE, IL 60089		
TITLE			
NAME			
STREET ADDRESS			
CITY ST-ZIP			

U00000031742 02/04/04-80160-014 50.00

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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.

SIGN	ATI	JR	E:
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TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTACT ADDRESS
CITY-ST-ZIP

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

1/24/04 847-634-406

Daytime Phone