


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000001399**

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



Principal Place of Business      Mailing Address

**855 EAST APTAKISIC ROAD**      **855 EAST APTAKISIC ROAD**  
**BUFFALO GROVE, IL 60089**      **BUFFALO GROVE, IL 60089**



01302006 No Chg-LLC      CR2E093 (11/05)

4. FEI Number      Applied For  
**36-4197389**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.**  
**1395 PANTHER LANE**  
**SUITE 300**  
**NAPLES, FL 34109**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

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

U00000432571  
 02/23/06 80072-024 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEIDER, GERARD F 855 EAST APTAKISIC ROAD BUFFALO GROVE, IL 60089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEIDER, M. JAMES 855 EAST APTAKISIC ROAD BUFFALO GROVE, IL 60089
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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: *Francis M. Leiden*      FRANCIS M. LEIDEN      ADMINISTRATOR      2-07-06      847-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #      4060