

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070780

Entity Name: JFG REALTY, LLC

FILED  
Jan 20, 2009  
Secretary of State

## Current Principal Place of Business:

1531 NE 2ND STREET  
ORLANDO, FL 34470

## New Principal Place of Business:

1531 NE 2ND STREET  
OCALA, FL 34470

## Current Mailing Address:

1531 NE 2ND STREET  
ORLANDO, FL 34470

## New Mailing Address:

1531 NE 2ND STREET  
OCALA, FL 34470

FEI Number: 20-5411882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAMACHE, JOYCE  
1531 NE 2ND STREET  
ORLANDO, FL 34470 US

## Name and Address of New Registered Agent:

GAMACHE, JOYCE  
1531 NE 2ND STREET  
OCALA, FL 34470 US

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.

SIGNATURE: JOYCE GAMACHE

01/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GAMACHE, JOYCE  
Address: 1531 NE 2ND STREET  
City-St-Zip: ORLANDO, FL 34470

Title: MGR ( ) Delete  
Name: GAMACHE, FRANCIS  
Address: 1531 NE 2 ST  
City-St-Zip: OCALA, FL 34470

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GAMACHE, JOYCE  
Address: 1531 NE 2ND STREET  
City-St-Zip: OCALA, FL 34470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOYCE GAMACHE

MGRM

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date