

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000003093

1. Entity Name
JRG, L.L.C.



Principal Place of Business
861 JUPITER PARK DR
SUITE A
JUPITER, FL 33458 US

Mailing Address
861 JUPITER PARK DR
SUITE A
JUPITER, FL 33458 US



01132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1008656

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 US HIGHWAY ONE
SUITE 300
NORTH PALM BEACH, FL 33408

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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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee \$50.00
Due by May 1, 2006

POSTED

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GAUDET, JOSEPH E
STREET ADDRESS	861 JUPITER PARK DRIVE SUITE A
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	MGR
NAME	GAUDET, JOSEPH E III
STREET ADDRESS	861 JUPITER PARK DRIVE SUITE A
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	MGR
NAME	GAUDET, ROBERT S
STREET ADDRESS	861 JUPITER PARK DRIVE SUITE A
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/06-80040-002 55.00

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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:

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

Date

Daytime Phone #

1-19-06 561-748-3040