2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Feb 01, 2005 08:00 AM DOCUMENT # L00000008162 **Secretary of State** 1. Entity Name J.G.J. LLC Principal Place of Business_ Mailing Address C/O CRIFASI REAL ESTARE INC C/O CRIFASI REAL ESTARE INC 2375 TAMIAMI TRAIL NORTH STE 208C 2375 TAMIAMI TRAIL NORTH STE 208C NAPLES, FL 34103 - NAPLES, FL 34103 01042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0968051 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEWIS, DOUGLAS A **ROETZEL & ANDRESS** 850 PARK SHORE DRIVE, THIRD FLOOR IN THIS SPACE NAPLES, FL 34103 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MCR TITLE CRIFASI, JAČK JR. NAME 2375 TAMIAMI TRAIL NORTH, SUITE 208C U00000208993 02/02/05-80016-015 55.00 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 MGRM TITLE CRIFASI, JACK JR. NAME STREET ADDRESS 3199 60TH STREET SW NAPLES, FL 34116 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I 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 report is tipe and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TOPED OR PH SIGNING MANAGING MEMBER, OR ORIZED REPRESENTATIVE TED NAME

NAME STREET ADDRESS CiTY-\$T-ZIP

> Daytime Phone # Date