## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000003005**

1. Entity Name

J & G HOUSE, LLC



FILED
Mar 05, 2007 08:00 AN
Secretary of State

Principal Place of Business 2684 MCDAVID ROAD CRESTVIEW, FL 32526 Mailing Address

2684 MCDAVID ROAD CRESTVIEW, FL 32526



02272007 No Chg-LLC

CR2E083 (11/05)

50-682

Daysime Phone #

4. FEI Number 59-3741563	 Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

5. Name and Address of Current Registered Agent

HOUSE, JAKE D 2684 MCDAVID ROAD CRESTVIEW, FL 32526

## DO NOT WRITE IN THIS SPACE

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 trille if applicable.	(NOTE: Registered Agent signsture required when renstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2007		03/13/07-80101-022 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZP	D HOUSE, JAKE D 2684 MCDAVID RD CRESTVIEW, FL 32536			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOUSE, GERALDINE 2684 MCDAVID RD CRESTVIEW, FL 32435			
TTILE NAME STREET ADDRESS CITY-ST-ZP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE	
TITLE NAME STRIET ADDRESS CITY-ST-ZIP			•	
TITLE NAME STREET ADDRESS CITY-51-ZP				
indicated	certify that the information supplied with this filling does not to on this report is true and accurate and that my signature signify company or the receiver of trustee empowered to execute the contract of the company of the receiver of trustee empowered to execute the contract of the	hall have the same legal effect as if made under or	th: that I am a managing member or manager of the	

ID TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE