


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000014015</b> 1. Entity Name <b>JGR, LLC</b>					
Principal Place of Business <b>13550 GRAND ISLAND SHORES ROAD GRAND ISLAND FL 32735</b>			Mailing Address <b>13550 GRAND ISLAND SHORES ROAD GRAND ISLAND FL 32735</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3746092</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ROUSE, JACK G 13550 GRAND ISLAND SHORES ROAD GRAND ISLAND FL 32735</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	U00000453094 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/14/06-80007-002 55.00	
NAME	ROUSE, JACK G		NAME		
STREET ADDRESS	13550 GRAND ISLAND SHORES RD		STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND FL 32735		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		
NAME	ROUSE, JANET H		NAME		
STREET ADDRESS	13550 GRAND ISLAND SHORES RD		STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND FL 32735		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Jack G. Rouse 2-25-06 352-409-3200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #