

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006538

Entity Name: J & R FINANCIAL GROUP, LLC

FILED  
Jan 04, 2006  
Secretary of State

**Current Principal Place of Business:**

217 GOOLSBY BLVD.  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

217 GOOLSBY BLVD.  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 04-3623828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THAIS, RICHARD  
3420 NW, 21ST COURT  
COCONUT CREEK, FL 33066 US

**Name and Address of New Registered Agent:**

THAIS, RICHARD  
3420 NW 21ST COURT  
COCONUT CREEK, FL 33066 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: RICHARD THAIS

01/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THAIS, RICHARD  
Address: 3420 NW, 21ST COURT  
City-St-Zip: COCONUT CREEK, FL 33066

Title: MGR ( ) Delete  
Name: BOKSA, JONATHAN J  
Address: 3688 COCO LAKE DRIVE  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: THAIS, RICHARD  
Address: 3420 NW 21ST COURT  
City-St-Zip: COCONUT CREEK, FL 33066

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD THAIS

MGR

01/04/2006

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