


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000013502

1. Entity Name
 J & G, L.L.C.



Principal Place of Business 1441 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	Mailing Address 1441 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3684900	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

COHEN, JACQUES
 1441 WEST NEWPORT CENTER DRIVE
 DEERFIELD BEACH, FL 33442

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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 file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, JACQUES 1441 W. NEWPORT CTR. DR. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, GABRIEL 1441 W. NEWPORT CTR. DR. DEERFIELD BEACH, FL 33442
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 01/11/06-60048-015 50.00

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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: J. Cohen Date: 1-05-06 Daytime Phone #: 954-480-9202

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