

04/12/2004 18:17

5614472939

KIRSCHNE

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90750 044 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000043967

1. Entity Name
 JGS CONSTRUCTION CO. LC



Principal Place of Business
 15200 JOG ROAD
 4A
 DELRAY BEACH, FL 33446

Mailing Address
 15200 JOG ROAD
 4A
 DELRAY BEACH, FL 33446

14023094

2. Principal Place of Business

2. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004 Cng-LLC CP2E083 (10/03)

4. FES Number

20-0418710

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRSCHNER, KENNETH
 15200 JOG ROAD
 4A
 DELRAY BEACH, FL 33446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submit 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
 Due by May 1, 2004

State check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 GREGOIRE, JEAN-GUY
 3505 N.W. 48TH AVE.
 LAUDERDALE, FL 33319

☐ Delete☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 SAYWITZ, HERBERT
 7565 LA CORNICHE CIRCLE
 BOCA RATON, FL 33433

☐ Delete☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete☐ Change ☐ Addition

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 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:

SIGNATURE AND TITLE OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/25/04