

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047716

Entity Name: JG FAMILY HOLDINGS LLC

FILED  
Apr 07, 2006  
Secretary of State

## Current Principal Place of Business:

C/O GRADY MARINE  
2550 EISENHOWER BOULEVARD, SUITE 5  
FT. LAUDERDALE, FL 33316

## New Principal Place of Business:

C/O GRADY MARINE  
3321 S. ANDREWS AVENUE #20  
FT. LAUDERDALE, FL 33316

## Current Mailing Address:

C/O GRADY MARINE  
P.O. BOX 15815  
FT. LAUDERDALE, FL 33318 US

## New Mailing Address:

FEI Number: 20-0423475      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GRADY, COLLEEN M ESQ.  
9119 VINEYARD LAKE DRIVE  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GRADY, JOHN J JR  
Address: 884 AZALEA COURT  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGRM ( ) Delete  
Name: GRADY, JOHN  
Address: 624 N.W. 21ST PLACE  
City-St-Zip: WILTON MANORS, FL 33311 US

## ADDITIONS/CHANGES:

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

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: JOHN J. GRADY, JR

MGRM

04/07/2006

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