2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003406

1. Entity Name
JOHN GASCON, LLC

Principal Place of Business	Mailing Address
604 SE 2ND STREET	604 SE 2ND STREET
CAPE CORAL, FL 33990	CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

03062006 No Chg-LLC   CR2E063 (11/05)

4. FEI Number	Applied For
06-1715567	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GASCON, JOHN G
604 SE 2ND STREET
CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

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 _____

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, 2006

IN0000469783
03/27/06-80013-013 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GASCON, JOHN G
STREET ADDRESS	604 SE 2ND STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	MGRM
NAME	GASCON, DEBRA A
STREET ADDRESS	604 SE 2ND STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #