

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90351 042 ****50.00

DOCUMENT # L04000019164	
1. Entity Name J G J C, L.L.C.	

Principal Place of Business 6766 VIEW POINT COURT JUPITER FL 33458	Mailing Address 6766 VIEW POINT COURT JUPITER FL 33458
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2. Principal Place of Business GNEHM 9421 Osprey Isles Blvd. West Palm Beach, FL 33412	3. Mailing Address GNEHM 9421 Osprey Isles Blvd. West Palm Beach, FL 33412
Suite, Apt. #, etc. West Palm Beach, FL 33412	Suite, Apt. #, etc. West Palm Beach, FL 33412
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 02-0731539	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GNEHM, JAMES D 6766 VIEW POINT COURT JUPITER FL 33458	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *Dr. Guehm* (NOTE: Registered Agent signature required when reinstating) DATE 14 Feb 06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GNEHM, JAMES D 6766 VIEW POINT COURT JUPITER FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GNEHM 9421 Osprey Isles Blvd. West Palm Beach, FL 33412 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GNEHM, GAIL 6766 VIEW POINT COURT JUPITER FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GNEHM 9421 Osprey Isles Blvd. West Palm Beach, FL 33412 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dr. Guehm* DATE 14 Feb 06 561 385-8787

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