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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LR 11/08/05

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029657

1. Entity Name
J & G HARDWARE, LLC

Principal Place of Business	Mailing Address
1107 WEST MARION AVENUE, STE. 112 PUNTA GORDA, FL 33950	1107 WEST MARION AVENUE, STE. 112 PUNTA GORDA, FL 33950

2. Principal Place of Business	3. Mailing Address
160 Heron's Cove Dr	160 Heron's Cove Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte FL	City & State: Port Charlotte FL
Zip: 33983 Country: USA	Zip: 33983 Country: USA

03022005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-1073626 — Applied For / Not Applicable

5. Certificate of Status Desired - [X] - $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAKSLER, GERI L 1107 WEST MARION AVENUE, STE. 112 PUNTA GORDA, FL 33950	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 ____ DATE ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Managing Member~~ ~~Joseph S Waksler~~ ~~160 Heron's Cove Dr~~ ~~Port Charlotte FL 33983~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Joseph S. Waksler 160 Heron's Cove Dr Port Charlotte FL 33983 ☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Managing Member~~ ~~Geri L. Waksler~~ ~~160 Heron's Cove Dr~~ ~~Port Charlotte FL 33983~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Geri L. Waksler 160 Heron's Cove Dr Port Charlotte FL 33983 ☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(l), 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: Geri L. Waksler, Managing Member 4/5/05 941 637-1955

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