
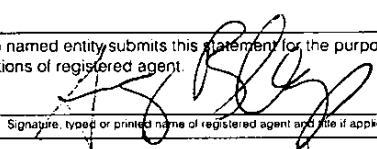
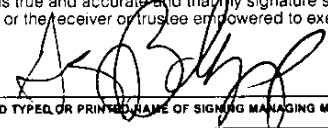


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 26 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000032026					
1. Entity Name JZGB LLC					
Principal Place of Business 28751 S. TAMiami TRAIL BONITA SPRINGS, FL 34134			Mailing Address 28751 S. TAMiami TRAIL BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1045226	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BILLINGS, GREG G 1415 PELICAN AVE. NAPLES, FL 34102				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  (NOTE: Registered Agent signature required when reinstating) DATE <u>9/2007</u>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLINGS, GREG G 28751 S. TAMiami TR. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLINGS, GREG G 28751 S. TAMiami TR. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLINGS, GREG G 28751 S. TAMiami TR. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
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  DATE <u>9/2007</u>		