


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000072873

1. Entity Name
J. P. & G., LLC



| | |
|---|---|
| Principal Place of Business 11600 COURT OF PALMS #203 FT. MYERS, FL 33908 | Mailing Address 11600 COURT OF PALMS #203 FT. MYERS, FL 33908 |
|---|---|



04042007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 20-1789334 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DELANOIS, GARY
 11600 COURT OF PALMS
 UNIT 203
 FT. MYERS, FL 33908**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DELANOIS, GARY 11600 COURT OF PALMS, #203 FT. MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRETTON, PAUL 4849 LAUREL LANE FT. MYERS, FL 33908 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR UROGYN ENTERPRISES, LLC BY JASPER RIZZO 866 HATCHEE VISTA LANE FT. MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/20/07-80108-023 50.00

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: *Gary Delanois* **4/10-07** **239-410-7789**

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