

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082697

Entity Name: J.A.G. ENTERPRISE, LLC

FILED  
Mar 12, 2008  
Secretary of State

## Current Principal Place of Business:

CONTRACTOR'S BUSINESS PARK, VISTA CNTR CND  
2731 VISTA PARKWAY, UNITS D-1, D-2, D-3  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

11528 KNIGHTSBRIDGE PLACE  
WELLINGTON, FL 33467

## New Mailing Address:

11528 KNIGHTSBRIDGE PLACE  
WELLINGTON, FL 33449

FEI Number: 20-2729575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WAGNER-GALAN, ELIZABETH R  
11528 KNIGHTSBRIDGE PLACE  
WELLINGTON, FL 33467 US

## Name and Address of New Registered Agent:

WAGNER-GALAN, ELIZABETH R  
11528 KNIGHTSBRIDGE PLACE  
WELLINGTON, FL 33449 US

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.

SIGNATURE:

03/12/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WAGNER-GALAN, ELIZABETH R  
Address: 11528 KNIGHTSBRIDGE PLACE  
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM ( ) Delete  
Name: GALAN, JOSEPH A  
Address: 11528 KNIGHTSBRIDGE PLACE  
City-St-Zip: WELLINGTON, FL 33467

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WAGNER-GALAN, ELIZABETH R  
Address: 11528 KNIGHTSBRIDGE PLACE  
City-St-Zip: WELLINGTON, FL 33449

Title: MGRM (X) Change ( ) Addition  
Name: GALAN, JOSEPH A  
Address: 11528 KNIGHTSBRIDGE PLACE  
City-St-Zip: WELLINGTON, FL 33449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH GALAN

M

03/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date