

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085123

FILED
Mar 08, 2006
Secretary of State

Entity Name: JMG, LLC

Current Principal Place of Business:

2205 SE 10TH TERRACE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

2205 SE 10TH TERRACE
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 33-1105650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, MARK B
2205 SE 10TH TERRACE
CAPE CORAL, FL US US

Name and Address of New Registered Agent:

WEBB, MARK B
2205 SE 10TH TERRACE
CAPE CORAL, FL 33990 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: MARK B WEBB

03/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEREDITH, JAMES I
Address: 620 SW 15TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM () Delete
Name: WEBB, MARK B
Address: 2205 SE 10TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGRM () Delete
Name: ZINK, GORDON H
Address: 417 PRATHER DR
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK B WEBB

MGRM

03/08/2006

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