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Aug 25, 2005 8:00 am
Secretary of State

08-03-2005 90020 038 ****50.00

30010863

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000091554

1. Entity Name
JG ASSOCIATES, LLC

Principal Place of Business	Mailing Address
2614 NORTH TAMIAMI TRAIL PMB 603 NAPLES, FL 34103	2614 NORTH TAMIAMI TRAIL PMB 603 NAPLES, FL 34103

2. Principal Place of Business	3. Mailing Address
2614 TAMIAMI TR	2614 TAMIATRAIL N.
Suite, Apt. #, etc. PMB603	Suite, Apt. #, etc. PMB603
City & State NAPLES FLA	City & State NAPLES FLA
Zip ~~FLA~~ 34103 Country USA	Zip 34103 Country USA

06292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2038911 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRACE, JERRY L 2614 NORTH TAMIAMI TRIAL PMB 603 NAPLES, FL 34103	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 Jerry L. Grace
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRACE, JERRY L 2614 NORTH TAMIAMI TRAIL, PMB 603 NAPLES, FL 34103	☐ 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
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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)(i), 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: Jerry L. Grace 7/27/2005 239-227-6698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #