


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90026 050 \*\*\*\*50.00

<b>DOCUMENT # L05000014661</b>																	
<b>1. Entity Name</b> JCAG MANAGEMENT, LLC																	
<b>Principal Place of Business</b> 2479 ALOMA AVENUE WINTER PARK, FL 32792			<b>Mailing Address</b> 2479 ALOMA AVENUE WINTER PARK, FL 32792														
<b>2. Principal Place of Business - No P.O. Box #</b> 400 W. Morse Blvd.		<b>3. Mailing Address</b> PO Box 1748															
Suite, Apt. #, etc. Ste 101		Suite, Apt. #, etc.															
<b>City &amp; State</b> Winter Park, FL		<b>City &amp; State</b> Winter Park, FL															
<b>Zip</b> 32789		<b>Country</b>		<b>Zip</b> 32790													
<b>Country</b>		<b>4. FEI Number</b> 20-2387379															
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>													
<b>6. Name and Address of Current Registered Agent</b>  GARDNER, ANDREW M 2479 ALOMA AVE WINTER PARK, FL 32792			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">400 W. Morse Blvd.</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Ste 101</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;">32789</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		400 W. Morse Blvd.		Ste 101		City	FL	Zip Code	32789
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City	FL																
Zip Code	32789																
<b>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.</b>																	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																	
DATE _____																	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>														
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>														
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition													
NAME	GARDNER, ANDREW M		NAME														
STREET ADDRESS	2479 ALOMA AVE		STREET ADDRESS	400 W. Morse Blvd, Ste 101													
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Winter Park, FL 32789													
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition													
NAME	GARDNER, CHRISTOPHER J		NAME														
STREET ADDRESS	2479 ALOMA AVE		STREET ADDRESS	400 W. Morse Blvd, Ste 101													
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Winter Park, FL 32789													
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition													
NAME	GARDNER, JOSEPH J		NAME														
STREET ADDRESS	2479 ALOMA AVE		STREET ADDRESS	400 W. Morse Blvd, Ste 101													
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP	Winter Park, FL 32789													
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STREET ADDRESS			STREET ADDRESS														
CITY-ST-ZIP			CITY-ST-ZIP														
<b>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.</b>																	
<b>SIGNATURE:</b> Andrew Gardner																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																	
Date _____ Daytime Phone # _____																	