2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # L05000033642 1. Entity Name JRG INVEST LLC						01-17-2006 900	063 034	****50.(00
Principal Place of Business Mailing Address									
5707 RIVERSIDE DRIVE 5707 RIVERSIDE DRIVE PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 US			ı ıc						
PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 US									
Principal Place of Business A Mailing Address									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132006	Chg-LLC	CR2E08	3 (11/05)	
City & State		City & State		4. FEI Numbe	625395	-	<u>_</u>	plied For	
Zip Country		Zip Country		itry			e	5.00 Add	t Applicable
						of Status Desired	<u>г</u>	ee Require	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Re	gistered Aq	rent _	
BRANCH, E. ROBERT III									
1028 N US 1 ORMOND BEACH, FL 32174			Street Addre	ess (P.O. Box Numbi	er is Not Acceptable)				
ORMOND BEACH, TE SE									·
				City			FL	Zip Code	•
The above named entity submits this statement for the purpose of changing its registered office or registered agent. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					gistered agent, or bot	th, in the State of Flori		i miliar with,	and accept
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Segretaria, typod or prinos ti	and or regulation agoin and had in	approune. (1401)	regisiale	u Agaix agriciole le	SCOREC WINST TEXTSLERING)		DATE	·	
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
Due by May 1, 20	006								•
9. MA	ANAGING MEMBERS/MA		10.				Department CHANGES	nt of State	
9. MA	ANAGING MEMBERS/M	ANAGERS Delete	TITLE	1		Florida	Department CHANGES		Addition
9. MAGRM NAME GREGOIRE, JAN STREET ADDRESS 5707 RIVERSIDE	ANAGING MEMBERS/MA INE E DRIVE		TITLE NAMI STRE	E Et address		Florida	Department CHANGES	nt of State	
9. MA TITLE MGRM NAME GREGOIRE, JAN STREET ADDRESS CITY-ST-ZIP PORT ORANGE,	ANAGING MEMBERS/MA INE E DRIVE	□ Delete	TITLE NAMI STRE CITY	E ET ADDRESS -ST-ZIP		Florida	Department HANGES	nt of State	
9. MARY 1, 20 TITLE MGRM GREGOIRE, JAN 5707 RIVERSIDE CITY-ST-ZIP PORT ORANGE, TITLE MGRM	ANAGING MEMBERS/MA INE E DRIVE FL 32127		TITLE NAME STRE CITY TITLE	E ET ADDRESS -ST-ZIP		Florida	Department HANGES	nt of State	
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11. I nereby certify that the information supplied with this filing does not quality 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sichard Magoire

1-13-2006

386-767-7824