

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000036935

1. Entity Name
J & G INVESTMENTS OF S. FL., LLC



Principal Place of Business
**10180 SW 49TH COURT
COOPER CITY, FL 33328 US**

Mailing Address
**10180 SW 49TH COURT
COOPER CITY, FL 33328 US**



01132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1676417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEVINE, GARY M
10180 SW 49TH COURT
COOPER CITY, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000875299
04/11/08-80026-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, JOHN H 4921 NW 28TH WAY BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINE, GARY M 10180 SW 49TH COURT COOPER CITY, FL 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY-LEVINE, ELLEN B 10180 SW 49TH COURT COOPER CITY, FL 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, JACQUELINE 4921 NW 28TH WAY BOCA RATON, FL 33434
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ellen B. Levy-Levine 3/29/08 054
4344