
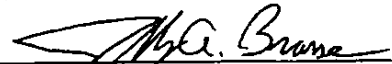


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90062 023 \*\*\*\*50.00

<b>DOCUMENT # L05000039823</b>					
1. Entity Name J4 GROUP, LLC					
Principal Place of Business 21 MADISON DRIVE NAPLES, FL 34110			Mailing Address 21 MADISON DRIVE NAPLES, FL 34110		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2725249	
				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 BRASSE, JEFFREY A 21 MADISON DRIVE NAPLES, FL 34110			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when consulting)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
		MGRM Jeffrey A. Brasse 31 Madison Drive Naples, FL 34110			
		MGR MGR Jeffrey DeBenedetto 9322 Worthington Drive Bristow, VA 20136			
		MGR MGR James Brasse 265 Marker Road Rotonda West, FL 33947			
		MGR MGR Joseph Meegan III 9332 Worthington Drive Bristow, VA 20136			
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: 		Jeffrey A. BRASSE 3/29/06 239-593-1233			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			

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