


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90189 037 ****50.00

DOCUMENT # L05000039823					
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 - No P.O. Box # 265 MARKER RD Suite, Apt. #, etc.		3. Mailing Address 265 MARKER RD Suite, Apt. #, etc.			
City & State ROTONDA WEST, FL		City & State ROTONDA WEST, FL		4. FEI Number 20-2725249	
Zip 33947 Country USA		Zip 33947 Country USA		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 <u>BRASSE, Jeffrey A.</u> Street Address (P.O. Box Number is Not Acceptable) 265 MARKER RD City <u>ROTONDA WEST, FL</u> <u>FL</u> Zip Code <u>33947</u>		
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 <u><i>Jeffrey A. Brasse</i></u> <u>JEFFREY A. BRASSE</u> <u>3/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRASSE, JEFFREY A 21 MADISON DR NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	265 MARKER RD ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBENEDETTO, JEFFREY 9322 WORTHINGTON DR BRISTOW, VA 20136	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRASSE, JAMES 265 MARKER RD ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEEGAN, JOSEPH III 9322 WORTHINGTON DR BRISTOW, VA 20136	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Jeffrey A. Brasse</i></u> <u>JEFFREY A. BRASSE</u> <u>3/5/07</u> <u>772-231-0164</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					