



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 30, 2006 8:00 am
Secretary of State

04-24-2006 90037 005 ****50.00

DOCUMENT # L05000060921 1. Entity Name JPG HARBOR SHOPS LLC					
Principal Place of Business C/O B & L COMMUNICATIONS, INC. 221 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33302			Mailing Address C/O B & L COMMUNICATIONS, INC. 221 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33302		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P. O. Box 950 Suite, Apt. #, etc.			
City & State		City & State Fort Lauderdale, FL		4. FEI Number 03302006 Chg-LLC CR2E083 (11/05)	
Zip 33302	Country	Zip 33302-0950	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GADDIS, JESSE P 221 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33302				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 renouncing) DATE _____					
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	MGR GADDIS, JESSE P 221 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311 <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
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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: 		JESSE P. GADDIS 4/10/06 (954) 565-8900			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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