

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087130

Entity Name: JSG AND ASSOCIATES, LLC

FILED  
Jan 22, 2007  
Secretary of State

**Current Principal Place of Business:**

14569 GAINESBOROUGH DRIVE  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

14569 GAINESBOROUGH DRIVE  
ORLANDO, FL 32826

**New Mailing Address:**

FEI Number: 20-3406200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARMENING, JOSHUA W  
2265 LEE ROAD  
SUITE 117  
WINTER PARK, FL 32810 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GODFREY, JAMES H  
Address: 14569 GAINESBOROUGH DRIVE  
City-St-Zip: ORLANDO, FL 32826

Title: MGRM ( ) Delete  
Name: GODFREY, SUZANNE K  
Address: 14569 GAINESBOROUGH DRIVE  
City-St-Zip: ORLANDO, FL 32826

**ADDITIONS/CHANGES:**

Title: MGMR (X) Change ( ) Addition  
Name: GODFREY, JAMES H  
Address: 14569 GAINESBOROUGH DRIVE  
City-St-Zip: ORLANDO, FL 32826

Title: MGMR (X) Change ( ) Addition  
Name: GODFREY, SUZANNE K  
Address: 14569 GAINESBOROUGH DRIVE  
City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES H. GODFREY

MGMR

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date