2006 LIMITED LIABILITY COMPANY

FILEU **ANNUAL REPORT** SECRETARY OF STATE DIVISICIT OF COMPORATIONS **DOCUMENT # L05000095740** 1. Entity Name 06 MAY -1 AM 9: 45 JG HOLDINGS LLC Principal Place of Business Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 703 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 CR2E083 (11/05) Chg-LLC X Applied For City & State City & State 4. FEt Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 703 MIAMI, FL 33133 City Zip Code FL 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. 100075218171 05/25/06--01008--001 **950 MGR TITLE ☐ Delete TITLE ☐ Addition GOMEZ, JAIME NAME NAME STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 703 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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.

11. I hereby 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.

12. **India **India

MANAGER, OR AUTHORIZED REPRESENTATIVE

ITED NAME OF SIGNIN

(305) 858-9900

Daytime Phone #

Date

4/21/06