

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115794

Entity Name: JAG INVESTMENT GROUP LLC

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

1068 5TH AVE.  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5362  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 27-0139964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER, MICHAEL  
1068 5TH AVE.  
SHALIMAR, FL 32579 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: MCDONALD, CHRISTOPHER  
Address: 2999 BLUE PINE LN  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete  
Name: HILL, CHAD  
Address: 218C CLOVERDALE BLVD.  
City-St-Zip: FT WALTON BCH., FL 32547

Title: MGRM ( ) Delete  
Name: WALKER, MICHAEL  
Address: 1068 5TH AVE.  
City-St-Zip: SHALIMAR, FL 32579

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHAD HILL

MGRM

04/28/2006

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