2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000091162

1. Entity Name J.G.A., LLC



Principal Place of Business

650 EAST HILLSBORO BOULEVARD

SUITE 101 DEERFIELD BEACH, FL 33441 Mailing Address

650 EAST HILLSBORO BOULEVARD SUITE 101

DEERFIELD BEACH, FL 33441

FILED Jul 29, 2008 08:00 AM Secretary of State



07032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5568009 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

HUNTER, JEFF 650 EAST HILLSBORO BOULEVARD SUITE 101 DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

8. The above	named entity submits this statement for the purpose of cha	anging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.		:
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 In accordant liability com	nce with s. 607.193(2)(b), F.S., the limited upany did not receive the prior notice.	
9.	MANAGING MEMBERS/MANAGERS		2
TITLE	MGRM		
NAME	HUNTER, JEFF		000000956576 07/29/08-80001-004 138.75
STREET ADDRESS	650 EAST HILLSBORO BOULEVARD, #101		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
TITLE			
NAME			
STREET ADDRESS		1	

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE AND NTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE