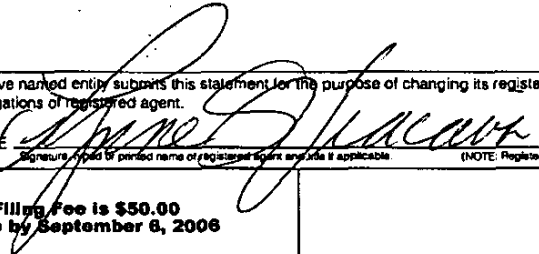
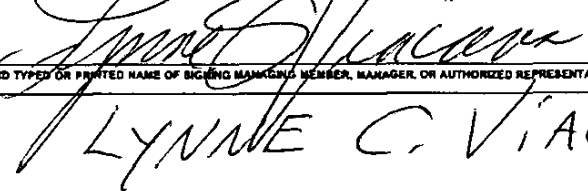


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-02-2006 90109 009 ****50.00
05-24-2006 90036 019 ****50.00

DOCUMENT # L97000000228			
1. Entity Name J.G.V. & ASSOCIATES, L.C.			
Principal Place of Business 5235 NAUTILUS DRIVE CAPE CORAL, FL 33904		Mailing Address P.O. BOX 101113 CAPE CORAL, FL 33910	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
33910		USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VIACAVA, JOSEPH G JR.		Name VIACAVA, JOSEPH G. JR.	
		Street Address (P.O. Box Number is Not Acceptable)	
		1415 HENDRY STREET	
		City F.MYERS	
		FL 33902	
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		DATE	
		6-19-06	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM VIACAVA, LYNNE C 5235 NAUTILUS DRIVE CAPE CORAL, FL 33904			
MGRM VIACAVA, LEE C 5235 NAUTILUS DRIVE CAPE CORAL, FL 33904			
MGRM VIACAVA, JOSEPH JR. 5235 NAUTILUS DRIVE CAPE CORAL, FL 33904			
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:		DATE	
		6-19-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	
LYNNE C. VIACAVA			

30010847



05182006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0737719

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Name
VIACAVA, JOSEPH G. JR.
Street Address (P.O. Box Number is Not Acceptable)
1415 HENDRY STREET
City
F.MYERS
FL 33902

Filing Fee is \$50.00
Due by September 8, 2006

Make check payable to
Florida Department of State

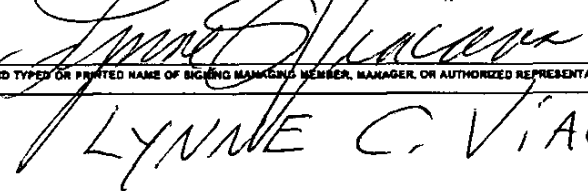
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	VIACAVA, LYNNE C	
STREET ADDRESS	5235 NAUTILUS DRIVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	MGRM	☐ Delete
NAME	VIACAVA, LEE C	
STREET ADDRESS	5235 NAUTILUS DRIVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	MGRM	☐ Delete
NAME	VIACAVA, JOSEPH JR.	
STREET ADDRESS	5235 NAUTILUS DRIVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: 

6-19-06

LYNNE C. VIACAVA