2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 21, 2006 8:00 am
Secretary of State
06-02-2006 90109 009 ****50.00
05-24-2006 90036 019 ****50.00

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05182006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L97000000228

1. Entity Name
J.G.V. & ASSOCIATES, L.C.

Principal Place of Business	Mailing Address
5235 NAUTILUS DRIVE CAPE CORAL, FL 33904	P.O. BOX 101113 CAPE CORAL, FL. 33910

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 101113 Suite, Apt. #, etc.
City & State	City & State: Cape Coral, FL
Zip / Country	Zip: 33910 / Country: USA

4. FEI Number: 65-0737719 ☐ Applied For ☐ Not Applicable

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

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: FT. MYERS FL Zip Code: 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: Lynne C. Viacava 6-19-06
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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VIACAVA, LYNNE C 5235 NAUTILUS DRIVE CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VIACAVA, LEE C 5235 NAUTILUS DRIVE CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VIACAVA, JOSEPH JR. 5235 NAUTILUS DRIVE CAPE CORAL FL. 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Lynne C. Viacava 6-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

LYNNE C. VIACAVA