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

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 18 AM 11:34

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05302006 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	5235 NAUTILUS DRIVE CAPE CORAL, FL 33904
2. Principal Place of Business: 714 SW Lighthouse Dr.	3. Mailing Address: 714 SW Lighthouse Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City, Fl	City & State: Palm City, FL
Zip: 34990 Country	Zip: 34990 Country

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
VIACAVA, JOSEPH G JR.
1415-NW DRY ST.
FORT MYERS, FL 33902-0008

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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	MGRM VIACAVA, LEE C 5234 NAUTILUS DRIVE CAPE CORAL, FL 33904	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 7-15-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #