


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002129 1. Entity Name CG OF JACKSONVILLE, LLC	
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Principal Place of Business 15 VALLEY DR. #300 GREENWICH, CT 06831	Mailing Address 15 VALLEY DR. #300 GREENWICH, CT 06831
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01202004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1542043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARLTON, JOHN S 15 VALLEY DR. GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR J.S. KARLTON COMPANY OF FLORIDA, INC. 15 VALLEY DR. GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIPKINS, STEPHEN 15 VALLEY DRIVE GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/04-80111-016 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Stephen P. Lipkins

2/20/04 203 629 5333
Date Daytime Phone #