


2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000002129</b> 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



01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1542043	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**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, 2005

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

U00000216525  
02/05/05-80051-014 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

Date

Daytime Phone #

STEPHEN P. LIPKINS Exec VP/Secy 2/1/05 203-629-5333