


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 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
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01062006No Chg-LLC CR2E083 (11/05)

**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
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reappointing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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
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<p>1100000423277 02/18/06-80001-015 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  Stephen Lipkins 1/31/06 203 629 5333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #