

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90184 033 *****55.00

DOCUMENT # L99000008161

1. Entity Name

J F MANAGEMENT GROUP, L.L.C.



Principal Place of Business

Mailing Address

1303 LINDSAY AVE
PUNTA GORDA FL 33982

1303 LINDSAY AVE
PUNTA GORDA FL 33982



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

65-0964992

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

NEW ADDRESS →

Name

Street Address (P.O. Box Number is Not Acceptable)

1840 BUILDING - 4TH FLOOR

1840 CORAL WAY

City

MIAMI

FL

Zip Code

33145

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FILIATRAULT, JACQUES
1303 LINDSAY AVE.
FORT LAUDERDALE FL 33315-1022

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PUNTA GORDA, FL 33982

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE OPERATING MANAGER
GINNY-LEA DUBA
1303 LINDSAY AVE.
PUNTA GORDA, FL 33982

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE OPERATING MANAGER
GINNY-LEA DUBA
1303 LINDSAY AVE.
PUNTA GORDA, FL 33982

☐ Change ☒ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

GINNY-LEA DUBA VICE OPERATING MANAGER

SIGNATURE: Ginny-Lea Duba

Feb 12, 2007 941-637-3922

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

Date

Daytime Phone #