
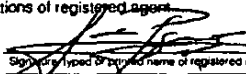



**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4/ **FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**


04-21-2005 90025 015 \*\*\*\*50.00

<b>DOCUMENT # L04000022535</b>			
1. Entity Name J.P. INVESTMENT GROUP, L.L.C.			
Principal Place of Business 1820 N. CORPORATE LAKES BLVD., SUITE NO., 105 WESTON, FL 33326 US		Mailing Address 1820 N. CORPORATE LAKES BLVD., SUITE NO., 105 WESTON, FL 33326 US	
2. Principal Place of Business 1630 Blue Jay Circle		3. Mailing Address 1630 Blue Jay Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston FL		City & State Weston FL	
Zip 33327	Country U.S	Zip 33327	Country U.S
4. FEI Number 20-1922604		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 MARRERO, JOSE C ESQ. 1820 N. CORPORATE LAKES BLVD., SUITE NO., 105 WESTON, FL 33326		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 		DATE April 19, 2005	
Piling Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAZMINO, JAIME JR. 1820 N. CORPORATE LAKES BLVD., SUITE 105 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAZMINO, JAIME 1820 N. CORPORATE LAKES BLVD., SUITE 105 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE April 19, 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # L04000022535**

1. Entity Name  
J.P. INVESTMENT GROUP, L.L.C.



ATTACHMENT

30008390

Principal Place of Business  
1820 N. CORPORATE LAKES BLVD.,  
SUITE NO., 105  
WESTON, FL 33326 US

Mailing Address  
1820 N. CORPORATE LAKES BLVD.,  
SUITE NO., 105  
WESTON, FL 33326 US

2. Principal Place of Business  
1630 Blue Jay Circle

3. Mailing Address  
1630 Blue Jay Cir.

Suite, Apt. #, etc.

05262005 Chg-LLC CR2E083 (10/03)

City & State  
WESTON

City & State  
WESTON

4. FEI Number 20-1922604

Applied For  
Not Applicable

Zip 33327 Country US

Zip 33327 Country US

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARRERO, JOSE C ESQ.  
1820 N. CORPORATE LAKES BLVD.,  
SUITE NO., 105  
WESTON, FL 33326

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  DATE April 19, 2005


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 7, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAZMINO, JAIME JR. 1820 N. CORPORATE LAKES BLVD., SUITE 105 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAZMINO, JAIME 1820 N. CORPORATE LAKES BLVD., SUITE 105 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE April 19, 2005 DAYTIME PHONE #

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