


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # L06000012801**

1. Entity Name  
**JPNP, LLC.**



Principal Place of Business <b>3125 COMMERCIAL WAY          SPRING HILL, FL 34606</b>	Mailing Address <b>3101 COMMERCIAL WAY          SPRING HILL, FL 34606</b>
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-4262851</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PAPPAS, NICHOLAS  
 3101 COMMERCIAL WAY  
 SPRING HILL, FL 34606**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAPPAS, NICHOLAS 3101 COMMERCIAL WAY SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAPPAS, JOHN 3101 COMMERCIAL WAY SPRING HILL, FL 34606
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 01/08/08-80040-003 138.75

**DO NOT WRITE IN THIS SPACE**

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:** *[Signature]*      *1/4/08*      *352-683-8709*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #