

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


APPROVED  
AND  
FILED

04 APR 28 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000008944**

1. Entity Name  
JP & JP2, LLC



Principal Place of Business 4178 APALACHEE PKWY TALLAHASSEE, FL 32311	Mailing Address 4178 APALACHEE PKWY TALLAHASSEE, FL 32311
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>APPLIED FOR</b> 95-31113351	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**

PETRANDIS, JOHNNY II  
4178 APALACHEE PKWY  
TALLAHASSEE, FL 32311

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME			TITLE	NAME		
	P PETRANDIS, JOHNNY II 4178 APALACHEE PKWY TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete			700035559957 05/06/04--01024--009 **550.00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS			STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS			STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS			STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS			STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	CITY-ST-ZIP		

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:** \_\_\_\_\_ **4/23/04** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #