2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State
05-30-2008 90019 015 ***138.75

DOCUMENT # L06000009478

1. Entity Name
JUMAPIS ENTERPRISES, LLC

Principal Place of Business	Mailing Address
6000 NW 130 AVE OCALA, FL 34482	6000 NW 130 AVE OCALA, FL 34482

50006486

04302008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4209197
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOHORQUEZ, JUAN M
6000 NW 130 AVE
OCALA, FL 34482

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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 _____ 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	MGR
NAME	DUQUE, MARIA P
STREET ADDRESS	6000 NW 130 AVE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	MGR
NAME	BOHORQUEZ, JUAN M
STREET ADDRESS	6000 NW 130 AVE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	MGR
NAME	J M & P CONSULTING, INC
STREET ADDRESS	6000 NW 130 AVENUE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Maria P. Duque Maria P. Duque 4/30/2008 (352) 484-4145
SIGNATURE AND ~~TYPED OR PRINTED NAME OF SIGNING~~ MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #