


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 25 PM 12:35

DOCUMENT # L02000008944 1. Entity Name JP & JP2, LLC	
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Principal Place of Business 9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311	Mailing Address 9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311
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2. Principal Place of Business Petrandis Suite, Apt. # etc. 4178 Apalachee Pkwy.	3. Mailing Address Petrandis Suite, Apt. # etc. 4178 Apalachee Pkwy. Tallahassee, FL 32311
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CHECK HERE IF MAKING CHANGES

City & State Tallahassee, FL 32311	City & State Tallahassee, FL 32311	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PETRANDIS, JOHNNY II
 9105 OLD ST AUGUSTINE RD
 TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name: ~~Petrandis~~ **Petrandis II**
 Street Address (A.P.O. Not Acceptable): **4178 Apalachee Pkwy.**
Tallahassee, FL 32311
 City: **FL** Zip Code: _____

B. 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's signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE <i>Pres</i> NAME <i>Johnny Petrandis II</i> STREET ADDRESS 4178 Apalachee Pkwy. CITY-ST-ZIP Tallahassee, FL 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition <i>05/28/03 01076 021</i> <i>1050.00</i>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* **6/25/03** Date: _____ Daytime Phone #: _____

CR2E083 (10/02)