

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016366

Entity Name: JPJ GROUP, LLC

FILED
Aug 16, 2005
Secretary of State

Current Principal Place of Business:

9306 FAIRWAY LAKES CT.
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

9306 FAIRWAY LAKES CT.
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3750594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, KENT
8351 81ST COURT N
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JENKINS, PRINCE
Address: 9306 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: PENA, ROGELIO
Address: 3330 LOYOLA CT
City-St-Zip: BOULDER, CO 80305

Title: MGRM () Delete
Name: KEARNEY, JULIUS D
Address: 217 W BARRAQUE ST
City-St-Zip: PINE BLUFF, AR 71611

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PRINCE JENKINS

MGRM

08/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date