

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017048

FILED
Apr 29, 2008
Secretary of State

Entity Name: J.P. FAMILY INVESTMENT COMPANY, LLC

Current Principal Place of Business:

603 N.W. 100TH TERRACE
PARKLAND, FL 33076

New Principal Place of Business:

6030 N.W. 101 TERRACE
PARKLAND, FL 33076

Current Mailing Address:

603 N.W. 100TH TERRACE
PARKLAND, FL 33076

New Mailing Address:

6030 N.W. 101 TERRACE
PARKLAND, FL 33076

FEI Number: 65-1143559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSON, JEFFREY
603 N.W. 100TH TERRACE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

PARSON, JEFFREY
6030 N.W. 101 TERRACE
PARKLAND, FL 33076 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARSON, JEFFREY
Address: 603 N.W. 100TH TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: MGRM () Delete
Name: PARSON, SHARI
Address: 603 N.W. 100TH TERRACE
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARSON, JEFFREY
Address: 6030 N.W. 101 TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: MGRM (X) Change () Addition
Name: PARSON, SHARI
Address: 6030 N.W. 101 TERRACE
City-St-Zip: PARKLAND, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEFFREY PARSON

MGRM

04/29/2008

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