


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90048 036 \*\*\*\*\*50.00

|  |   |  |   |   |                                    |
|--|---|--|---|---|------------------------------------|
| <b>DOCUMENT # L02000008944</b><br>1. Entity Name<br><b>JP &amp; JP2, LLC</b>   |   |  |   |  |                                    |
| Principal Place of Business<br><b>4178 APALACHEE PKWY<br/>TALLAHASSEE, FL 32311</b>  |   |  | Mailing Address<br><b>4178 APALACHEE PKWY<br/>TALLAHASSEE, FL 32311</b> |   |                                    |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |   |                                    |
| City & State   |   | City & State   |   |   |                                    |
| Zip  | Country   | Zip  | Country   |   | 4. FEI Number<br><b>75-3113351</b> |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | Applied For<br>Not Applicable  |   |   |                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>PETRANDIS, JOHNNY II<br/>4178 APALACHEE PKWY<br/>TALLAHASSEE, FL 32311</b>   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |   |                                    |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>PETRANDIS, JOHNNY II<br/>4178 APALACHEE PKWY<br/>TALLAHASSEE, FL 32311</b> | <input type="checkbox"/> Delete  |   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |   |  |   |   |                                    |
| <b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____   |   |  |   |   |                                    |