


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		

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 4178 Apalachee Pkwy. Tallahassee, FL 32311	3. Mailing Address Petrandis 4178 Apalachee Pkwy. Tallahassee, FL 32311
City & State Tallahassee, FL 32311	City & State Tallahassee, FL 32311
Zip 32311	Country FL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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: 4178 Apalachee Pkwy. Tallahassee, FL 32311 City: FL Zip Code
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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 _____ (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		10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2003 (10/02)