

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023621

Entity Name: J.P.A. ENTERPRISES, LLC

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

1980 ERVING CIRCLE
SUITE 11-107
OCOE, FL 34761

New Principal Place of Business:

914 RIDGELAND COURT
APOPKA, FL 32712

Current Mailing Address:

1980 ERVING CIRCLE
SUITE 11-107
OCOE, FL 34761

New Mailing Address:

914 RIDGELAND COURT
APOPKA, FL 32712

FEI Number: 14-1846118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY, SUITE 300
TAMPA, FL 336372087 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/MEMBERS:

Title: MGRM () Delete
Name: ARGENTIERI, PATRICIA A
Address: 1980 ERVING CIR. SUITE 11-107
City-St-Zip: OCOE, FL 34761 US

Title: MGRM () Delete
Name: ARGENTIERI, JOHN A
Address: 1980 ERVING CIR SUITE 11-107
City-St-Zip: OCOE, FL 34761 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARGENTIERI, PATRICIA A
Address: 914 RIDGELAND COURT
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM (X) Change () Addition
Name: ARGENTIERI, JOHN A
Address: 914 RIDGELAND COURT
City-St-Zip: APOPKA, FL 32712 US

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: JOHN A. ARGENTIERI

MR

01/10/2005

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