
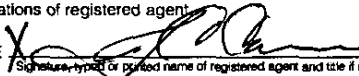



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90273 018 ****50.00

| | | | | | |
|---|---------------------------------|---|---|--|--|
| DOCUMENT # L03000007518 1. Entity Name JPC INVESTMENTS, L.L.C. | | | |  | |
| Principal Place of Business 308 LAKE BLVD SANFORD, FL 32773 | | | Mailing Address 308 LAKE BLVD SANFORD, FL 32773 | | |
| 2. Principal Place of Business 165 majestic FOREST RN Suite, Apt. #, etc. | | 3. Mailing Address - Same - Suite, Apt. #, etc. | | | |
| City & State SANFORD, FL Zip 32771 | | City & State FL Zip Country | | 4. FEI Number 51-0457112 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 03042004 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent STENSTROM, PATRICK H 308 LAKE BLVD SANFORD, FL 32773 | | | 7. Name and Address of New Registered Agent Name JC Cannon Street Address (P.O. Box Number is Not Acceptable) 165 majestic FOREST Run City Sanford FL Zip Code 32771 | | |
| 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 | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President / MGRM Jon Craig 633 E. Church Ave. Longwood, FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary/Treasurer/MGR JC Cannon 165 majestic FOREST Run Sanford, FL 32771 <input type="checkbox"/> Change <input checked="" 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 | |
| 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 | |
| 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 | |
| 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 AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |