


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90200 007 \*\*\*\*50.00

<b>DOCUMENT # L03000010558</b> 1. Entity Name <b>J &amp; P ENTERPRISES, LLC</b>	
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Principal Place of Business <b>5000 S. CLYDE MORRIS BLVD. STE. #14 PORT ORANGE, FL 32127 US</b>	Mailing Address <b>5000 S. CLYDE MORRIS BLVD. STE. #14 PORT ORANGE, FL 32127 US</b>
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02132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2351296</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KAISER, JOHN 1745 CREEKWATER BLVD. PORT ORANGE, FL 32128</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAISER, JOHN 1745 CREEKWATER BLVD. PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAISER, PATRICIA 1745 CREEKWATER BLVD. PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAISER, KEITH 1645 DUNLAWTON AVE. PORT ORANGE, FL 32127
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** John Kaiser 3/2/06 386-760-7776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #