


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000010558	
1. Entity Name J & P ENTERPRISES, LLC	

Principal Place of Business 5000 S. CLYDE MORRIS BLVD. STE. #14 PORT ORANGE, FL 32127 US	Mailing Address 5000 S. CLYDE MORRIS BLVD. STE. #14 PORT ORANGE, FL 32127 US
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04242008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2351296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KAISER, JOHN 1745 CREEKWATER BLVD. PORT ORANGE, FL 32128

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/29/08-80077-018 138.75

**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 JOHN KAISER 4/30/08 386-760-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #