


DOCUMENT # L03000015932		SEAL OF THE STATE OF FLORIDA		OFFICE OF THE STATE CLERK	
1. Entity Name JOPA INVESTMENTS, LLC		05-14-2004 90447 027 ***50.00			
Principal Place of Business 711 SAMANTHA DR. PALM HARBOR, FL 34683		Mailing Address 711 SAMANTHA DR. PALM HARBOR, FL 34683		24073000	
2. Principal Place of Business 2105 DREW ST		3. Mailing Address 2105 DREW ST.			
Suite, Apt. #, etc. STE 200		Suite, Apt. #, etc. STE 200		05102004 Chg-LLC CR2E083 (10/03)	
City & State CLEARWATER, FL		City & State CLEARWATER, FL		4. FEI Number 20-0045612	
Zip 33765		Zip 33765		Applied For <input type="checkbox"/> Not Applicable	
Country Pinellas		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VOGELBACHER, PIERRE M 2560 GULF TO BAY BLVD., STE. 300 CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name ODALYS LARA Street Address (P.O. Box Number is Not Acceptable) 2105 DREW STREET SUITE 200 CLEARWATER, City FL Zip Code 33765	
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 <u><i>Odalis B. Lara</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER PATRICIA PERZEL 2105 DREW ST CLEARWATER FL 33765				TITLE NAME STREET ADDRESS CITY-ST-ZIP ADD	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u><i>Patricia Perzel</i></u> 5/10/04 927-466-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					