2006 LIMITED LIABILITY COMPANY

Apr 12, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L03000019942 04-12-2006 90022 049 ****50.00 1. Entity Name JP MANDARIN, LLC ~002035Z Principal Place of Business Mailing Address 108 KINGSLEY AVE. 108 KINGSLEY AVE. ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 74-3098951 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PADMANABHAN, JAYALAKSHMI Street Address (P.O. Box Number is Not Acceptable) 108 KINGSLEY AVE. ORANGE PARK, FL 32073 City Zip Code FL 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 DATE Filing Fee is \$50.00 Due by May 1, 2006 - - Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITION\$/CHANGES Addition TITLE Delete TITLE ☐ Chance PADMANABHAN, ASHOK NAME NAME 108 KINGSLEY AVE. STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE XX Change Addition PADMANABHAN, JAYULAKSHMI NAME NAME Padmanabhan, Jayalakshmi STREET ADDRESS 108 KINGSLEY AVE. STREET ADDRESS 108 Kingsley Ave. Orange Park, FL 32073 ORANGE PARK, FL 32073 CITY-ST-ZIE CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

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Daytime Phone #