
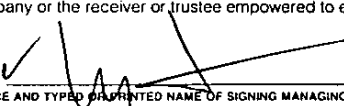


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90080 001 \*\*\*\*50.00

|   |  |                     |   |   |  |
|---|--|---------------------|---|---|--|
| <b>DOCUMENT # L04000003191</b><br>1. Entity Name<br><b>J P GROUP OF JACKSONVILLE, LLC</b>   |  |                     |   |  |  |
| Principal Place of Business<br><b>4460 CAMINO REAL WAY<br/>SUITE 1<br/>FORT MYERS, FL 33912</b>   |  |                     | Mailing Address<br><b>4460 CAMINO REAL WAY<br/>SUITE 1<br/>FORT MYERS, FL 33912</b> |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |   |   |  |
| City & State  |  | City & State        |   |   |  |
| Zip   | Country  | Zip                 | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |  |                     |   | 7. Name and Address of New Registered Agent                                       |  |
| <b>MURTAGH, LYNN R<br/>4460-1 CAMINO REAL WAY<br/>FORT MYERS, FL 33912</b>  |  |                     |   | Name  |  |
|   |  |                     |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|   |  |                     |   |   |  |
|   |  |                     |   | City <span style="float: right;"><b>FL</b></span> Zip Code                        |  |
| 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)  |  |                     |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  |                     |   | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                     | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>MURTAGH, LYNN R<br/>4460-1 CAMINO REAL WAY<br/>FORT MYERS, FL 33912</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>SINKS, RONALD<br/>4460-1 CAMINO REAL WAY<br/>FORT MYERS, FL 33912</b> <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |                     |   |   |  |
| <b>SIGNATURE:</b>    |  |                     | <b>2/1/05</b> <span style="float: right;"><b>229 4363005</b></span>                 |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                     | Date Daytime Phone #  |   |  |

