2005 LIMITED LIABILITY COMPANY "ANKUAL REPORT

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DOCUMENT # L0400016545 1. Entity Name JTP ENTERPRISES, LLC				2005 OCT 17 PM 1: 25
Principal Place of Business 1506 PRUDENTIAL DRIVE 1506 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207				SECRETARY OF STATE TALLAHASSEE.FLORIDA
Principal Place of Business				- 07/15/05 000/5 003 BED
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		07/15/05 90065 003 \$50 07072005 Chg-LLC CR2E083 (10/03)
City & State City & State				4. FEI Number 01-0809137 Applied For Not Applicable
Zip Country	Zip	Count	ry	5. Certificate of Status Desired S5.00 Additional Fee Required
6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
OSSI & BUTLER, P.A. 1506 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207			Name Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
The above named entity submits this statement for	or the purpose of changing its	registere	d office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.		,		- Te5
Signature, typed or printed name of registered agent	and title if applicable, J (NOTE	E Registered		ired when reinstating)
Due by September 7, 2005	6-3 7 6 % .	· 'e'	- ART	Make check payable to Florida Department of State Checks
9 MANAGING MEMBE	ERS/MANAGERS	10.	-	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		ET ADDRESS -SI-ZIP	e Travolta Trust Change Braddition 821 Ventura 73/Vd. 5te 960 nciho, CA 9/436
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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: SIGNATURE				