

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000024682

Entity Name: JPYM, L.L.C.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

1611 S FEDERAL HWY
POMPANO BEACH, FL 33062

New Principal Place of Business:

3575 BROKENWOODS DR
105
CORAL SPRINGS, FL 33065

Current Mailing Address:

1611 S FEDERAL HWY
POMPANO BEACH, FL 33062

New Mailing Address:

P O BOX 771657
CORAL SPRINGS, FL 33077

FEI Number: 20-1000776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRY J. BEHAR, P.A.
888 SE THIRD AVE, STE 400
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: MURZILLI, JEAN P
Address: 1611 S FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

Title: M () Delete
Name: MURZILLI, YANN
Address: 1611 S FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

Title: M (X) Change () Addition
Name: MURZILLI, JEAN P
Address: 3575 BROKENWOODS DR UNIT 105
City-St-Zip: CORAL SPRINGS, FL 33065

Title: M (X) Change () Addition
Name: MURZILLI, YANN
Address: 3575 BROKENWOODS DR UNIT 105
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEAN P MURZILLI

M

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date