


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-18-2005 90382 019 \*\*\*\*50.00

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| <b>DOCUMENT # L04000041446</b><br>1. Entity Name<br><b>JPC MANAGEMENT, LLC</b>  |  |                                 |  |   |  |
| Principal Place of Business<br><b>151 S. HALIFAX DRIVE</b><br><b>ORMOND BEACH, FL 32176</b>   |  |                                 | Mailing Address<br><b>151 S. HALIFAX DRIVE</b><br><b>ORMOND BEACH, FL 32176</b>      |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State<br>Zip      Country  |  |                                 | 4. FEI Number      Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |                                 | 03152005      Chg-LLC      CR2E083 (10/03)   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COOK, JAMES S</b><br><b>151 S. HALIFAX DRIVE</b><br><b>ORMOND BEACH, FL 32176</b>   |  |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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)      DATE _____  |  |                                 |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>   |  |                                 |  | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                                 | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>COOK, JAMES S<br>151 S. HALIFAX DRIVE<br>ORMOND BEACH, FL 32176 | <input type="checkbox"/> Delete |  |  |  |
| 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"/> Delete |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |  |  |  |
| 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: <i>James S. Cook</i> 3-15-05      386 615-7236                            |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                                 | Date      Daytime Phone #  |  |  |