

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000041446**

1. Entity Name  
**JPC MANAGEMENT, LLC**



Principal Place of Business  
**151 S. HALIFAX DRIVE**  
**ORMOND BEACH, FL 32176**

Mailing Address  
**151 S. HALIFAX DRIVE**  
**ORMOND BEACH, FL 32176**



01062008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**COOK, JAMES S**  
**151 S. HALIFAX DRIVE**  
**ORMOND BEACH, FL 32176**

**DO NOT WRITE**  
**IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000787460  
 01/17/08-80082-023 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOK, JAMES S 151 S. HALIFAX DRIVE ORMOND BEACH, FL 32176
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**IN THIS SPACE**

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *James S. Cook* (James S. Cook) **1-14-08** <sup>386</sup><sub>295-4524</sub>  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #