

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066444

Entity Name: JVP ENTERPRISES, LLC

FILED
Aug 31, 2006
Secretary of State

Current Principal Place of Business:

10173 TWIN LAKES DR
CORAL SPRINGS, FL 33071

New Principal Place of Business:

233 SOUTH FEDERAL HWY
612
BOCA RATON, FL 33432 US

Current Mailing Address:

601 N CONGRESS AVE
431
DELRAY BEACH, FL 33445

New Mailing Address:

601 N CONGRESS AVE
410
DELRAY BEACH, FL 33445 US

FEI Number: 20-1596752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PHILLIPS, JAMES V
10173 TWIN LAKES DR
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

PHILLIPS, JAMES V
233 SOUTH FEDERAL HIGHWAY
612
BOCA RATON, FL 33432 US

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: JAMES VINCENT PHILLIPS

08/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PHILLIPS, JAMES V
Address: 10173 TWIN LAKES DR
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PHILLIPS, JAMES V
Address: 233 SOUTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33432 US

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: JAMES VINCENT PHILLIPS

MGR

08/31/2006

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