

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000013262

1. Entity Name
JPBRACK REALTY, LLC



Principal Place of Business

2511 SW MANOR HILL
PALM CITY, FL 34990 US

Mailing Address

BRACKEN&MARGOLIN
1 SUFFOLK SQ STE 300
ISLANDIA, NY 11749 US



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2370459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRACKEN, JOHN P
2511 SW MANOR HILL
PALM CITY, FL 34990

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRACKEN, JOHN P
1 SUFFOLK SQUARE, STE. 300
ISLANDIA, NY 11749

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BRACKEN, JOHN P JR.
945 SABAL GRVE DR
ROCKLEDGE, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000840456
03/06/08-80047-009 138.75

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/08

631-234-8585