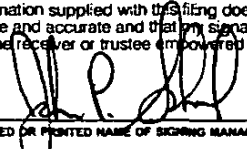


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

05-03-2006 90025 026 ****55.00

DOCUMENT # L05000031278 1. Entity Name JPS FACTORING, LLC					
Principal Place of Business 6401 SW 87TH AVENUE #107 MIAMI, FL 33173			Mailing Address 6401 SW 87TH AVENUE SUITE 107 MIAMI, FL 33173		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05012006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2585285				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				30012146 	
6. Name and Address of Current Registered Agent SCHUENZEL JOHN P 6401 SW 87TH AVENUE SUITE 107 MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reissuing) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN P. SCHUENZEL 6401 SW 87 AVE #107 MIAMI FL 33173 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			4/30/06		305-274-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

30012146

30012146
L05000031278

COPY OF CHECK PREVIOUSLY SENT

JPS FACTORING LLC
6401 SW 87TH AVENUE STE 107
MIAMI, FL 33173

1156

DATE April 30, 2006

63-1557/680
1002

PAY TO THE ORDER OF Florida Dept of STATE

Fifty Five

\$ 55.⁰⁰/₁₀₀

DOLLARS

Great Florida Bank

1-844-514-6500
www.GreatFloridaBank.com

FOR 2006 LLC ANNUAL REPORT & CERT of Status

[Signature]