

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L05000061195

1. Entity Name

JP PILING LLC



Principal Place of Business

2100 AVE. A  
34  
FLAGLER BEACH FL 32136  
US

Mailing Address

624 CUMBERLAND DRIVE  
624  
FLAGLER BEACH FL 32136  
US

2. Principal Place of Business - No P.O. Box #

FLAGLER BEACH FL

3. Mailing Address

624 CUMBERLAND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLAGLER BEACH FL

City & State

FLAGLER BEACH FL

4. FEI Number

NO-T APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA FL 33612-3425

7. Name and Address of New Registered Agent

Name *Peter Bowzeres*  
Street Address (P.O. Box Number is Not Acceptable)  
*624 CUMBERLAND DRIVE*  
City *FLAGLER BEACH FL 32136*

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>	
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9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWZERES, PETER MGR 624 CUMBERLAND DRIVE FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90120 026 \*\*\*143.75

