

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90346 042 \*\*\*\*50.00

<b>DOCUMENT # L05000068394</b> 1. Entity Name <b>J.P.A. INVESTMENT GROUP, LLC</b>			
Principal Place of Business <b>600 1ST AVENUE N STE 302 ST PETERSBURG, FL 33701</b>		Mailing Address <b>600 1ST AVENUE N ST PETERSBURG, FL 33701</b>	
2. Principal Place of Business - No P.O. Box # <b>2253 Central Avenue</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2253 Central Avenue</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>St. Petersburg, FL</b> <small>Zip Country</small> <b>33713</b>		City & State <b>St. Petersburg, FL</b> <small>Zip Country</small> <b>33713</b>	
4. FEI Number <b>20-3163695</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		03222007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>VILLARI, JOE 3023 82ND WAY NORTH SAINT PETERSBURG, FL 33710</b>		7. Name and Address of New Registered Agent Name <b>Villari, Joe</b> Street Address (P.O. Box Number is Not Acceptable) <b>2253 Central Avenue</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33713</b>	
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 <b>Joe Villari</b> <span style="float: right;"><b>4/4/07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLARI, JOSEPH 4201 POINSETTIA DRIVE ST PETERSBURG, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Villari, Joseph 2253 Central Avenue St. Petersburg, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONALD, ALVAN 3127 50TH ST N ST PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Donald, Alvan 2253 Central Avenue St. Petersburg, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASELHOFF, PETER 3137 TEAL TERRACE SAFETY HARBOR, FL 33695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Haselhoff, Peter 2253 Central Avenue St. Petersburg, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b>		<b>Joseph Villari</b> <b>4/4/07</b> <b>727-322-5100</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	