

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90072 040 ***138.75

DOCUMENT # L05000068394	
1. Entity Name J.P.A. INVESTMENT GROUP, LLC	

Principal Place of Business 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713	Mailing Address 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713
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2. Principal Place of Business - No P.O. Box # 341 3rd Street S Suite, Apt. #, etc.	3. Mailing Address 341 3rd Street S Suite, Apt. #, etc.
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City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33701	Zip 33701
Country U.S.A.	Country U.S.A.



01242008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent VILLARI, JOE 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713	7. Name and Address of New Registered Agent Name Joe Villari Street Address (P.O. Box Number is Not Acceptable) 341 3rd Street S. City St. Petersburg FL Zip Code 33701
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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 Joe Villari DATE 1/25/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLARI, JOSEPH 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Villari, Joseph 341 3rd Street S. St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONALD, ALVAN 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Villari, Joseph 341 3rd Street S. St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASELHOFF, PETER 2253 CENTRAL AVE SAINT PETERSBURG, FL 33713 <input checked="" 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
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.

SIGNATURE: Joseph Villari DATE 1/25/08 DAYTIME PHONE # 727-022-0038

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