2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State
06-16-2006 90001 001 ****55.00

DOCUMENT # L05000086355

1. Entity Name
JPF STRAZZ, LLC

Principal Place of Business	Mailing Address
14800 INDRIO ROAD FORT PIERCE, FL 34945	P.O. BOX 3152 FORT PIERCE, FL 34948-3152

04042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 87-0772721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEE, FRANK H II ESQ 401 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34950	Name: JOSEPH P. STRAZZULLA Street Address (P.O. Box Number is Not Acceptable): 2076 CAVALLA ROAD City: VERO BEACH FL Zip Code: 32963

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: Joseph P. Strazzulla MAY 3, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STRAZZULLA, PHILIP P 14800 INDRIO ROAD FORT PIERCE, FL 34945	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition MGR STRAZZULLA, JOSEPH P. 2076 CAVALLA ROAD VEROBEACH, FL 32963
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STRAZZULLA, FRANK J 14800 INDRIO ROAD FORT PIERCE, FL 34945	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100006992428I 04/10/06--01021--006 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ ~~STRAZZULLA, JOSEPH P.~~ ~~2076 CAVALLA ROAD~~ ~~VERO BEACH, FL 32963~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 P. Strazzulla APRIL 4, 2006 772-461-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #