2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# L05000088033

Entity Name: JPS ENTERPRISES, LLC

Current Principal Place of Business:

13727 S.W. 152ND STREET, #330
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

13727 S.W. 152ND STREET, #330
MIAMI, FL 33177

New Mailing Address:

FEI Number: 20-3426338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS G. SHERMAN, ESQ., P.A.
218 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RICHARD, JASON
Address: 13727 S.W. 152ND STREET, #330
City-St-Zip: MIAMI, FL 33177

Title: MGRM ( ) Delete
Name: LUGO, PEDRO
Address: 13727 S.W. 152ND STREET, #330
City-St-Zip: MIAMI, FL 33177

Title: MGRM (X) Delete
Name: KILBY, STEPHEN
Address: 13727 S.W. 152ND STREET, #330
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: SANDERS, RAYMOND
Address: 13727 S.W. 152ND STREET, #330
City-St-Zip: MIAMI, FL 33177

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON RICHARD MGRM 01/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date