

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90028 039 \*\*\*\*55.00

<b>DOCUMENT # L05000092786</b> 1. Entity Name <b>JP HOMES LLC</b>					
Principal Place of Business <b>1866 SHOWER TREE WAY WELLINGTON, FL 33414</b>			Mailing Address <b>1866 SHOWER TREE WAY WELLINGTON, FL 33414</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CARVAJAL, JORGE 1866 SHOWER TREE WAY WELLINGTON, FL 33414</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>51-0556719</b>	
SIGNATURE _____ <small>Signature of the registered agent or the person authorized to change the registered office or registered agent.</small>				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Filing Fee is \$30.00 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 CARVAJAL, JORGE 1866 SHOWER TREE WAY WELLINGTON, FL 33414			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ASTUDILLO, PATRICIA 1866 SHOWER TREE WAY WELLINGTON, FL 33414			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF ALL NEW MANAGING MEMBERS, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT

30003459

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2006

JP HOMES LLC  
1866 SHOWER TREE WAY  
WELLINGTON, FL 33414

Subject: JP HOMES LLC

Reference Number:

L05000092786

OK NOW

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION