


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000092786 1. Entity Name JP HOMES LLC	
--	---

Principal Place of Business 1866 SHOWER TREE WAY WELLINGTON, FL 33414	Mailing Address 1866 SHOWER TREE WAY WELLINGTON, FL 33414
---	---

DO NOT WRITE IN THIS SPACE



03122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0556719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARVAJAL, JORGE
 1866 SHOWER TREE WAY
 WELLINGTON, FL 33414

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARVAJAL, JORGE 1866 SHOWER TREE WAY WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASTUDILLO, PATRICIA 1866 SHOWER TREE WAY WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000690569
04/11/07-80081-019 50.00

DO NOT WRITE
IN THIS SPACE

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: *Atarupa* 4/2/07 561-791-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #