
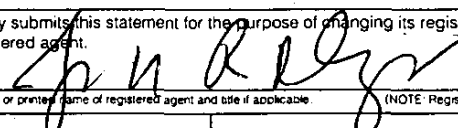
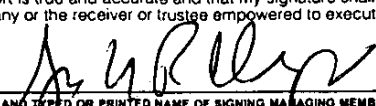


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90349 036 ****50.00

DOCUMENT # L05000120447 1. Entity Name JPSC, LLC					
Principal Place of Business 4559 PINEHURST GREENS COURT ESTERO, FL 33928			Mailing Address 4559 PINEHURST GREENS COURT ESTERO, FL 33928		
2. Principal Place of Business - No P.O. Box # 6680 Mossy Glen Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6680 Mossy Glen Dr. <small>Suite, Apt. #, etc.</small>			
City & State Fort Myers, FL <small>Zip</small> 33908 <small>Country</small> U.S.		City & State Fort Myers, FL <small>Zip</small> 33908 <small>Country</small> U.S.		4. FEI Number 20-3936447 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04172007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent DRAGO, JOSEPH R 4559 PINEHURST GREENS COURT ESTERO, FL 33928			7. Name and Address of New Registered Agent Name DRAGO, Joseph R. Street Address (P.O. Box Number is Not Acceptable) 6680 Mossy Glen Drive City Fort Myers FL <small>Zip Code</small> 33908		
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  DATE 4/30/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DRAGO, JOSEPH R 4559 PINEHURST GREENS COURT ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DRAGO, Joseph R 6680 Mossy Glen Drive Fort Myers, FL 33908	<input checked="" 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
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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: 			Date 4/30/07 Daytime Phone # 2398262151		

40098165

