


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED


07 SEP 21 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000007899</b> 1. Entity Name <b>JPC &amp; SON INVESTMENTS, L.L.C.</b>	
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Principal Place of Business 914 CURLEW ROAD #354 DUNEDIN, FL 34698	Mailing Address 914 CURLEW ROAD #354 DUNEDIN, FL 34698
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



07202007	Chg-LLC	CR2E083 (12/06)	
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired			<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  WOOD, BRADLEY J ESQ. 2639 DR. M.L. KING, JR. STREET NORTH ST. PETERSBURG, FL 33704	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10040 INVESTMENTS, INC.		NAME		
STREET ADDRESS	1585 CANOPY OAK BOULEVARD		STREET ADDRESS	100109525951	
CITY - ST - ZIP	PALM HARBOR, FL 34683		CITY - ST - ZIP	09/18/07--01005--001 **50.00	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASSO, INC.		NAME		
STREET ADDRESS	914 CURLEW ROAD, #354		STREET ADDRESS		
CITY - ST - ZIP	DUNEDIN, FL 34698		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_