

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90083 036 ***138.75

DOCUMENT # L06000007899					
1. Entity Name JPC & SON INVESTMENTS, L.L.C.					
Principal Place of Business 914 CURLEW ROAD #354 DUNEDIN, FL 34698		Mailing Address 914 CURLEW ROAD #354 DUNEDIN, FL 34698			
2. Principal Place of Business - No P.O. Box # 1433 Gulf-to-Bay Blvd.		3. Mailing Address 1433 Gulf-to-Bay Blvd.			
Suite, Apt. #, etc. Suite I		Suite, Apt. #, etc. Suite I			
City & State Clearwater, Florida		City & State Clearwater, Florida		01312008 Chg-LLC CR2E083 (12/06)	
Zip 33755	Country USA	Zip 33755	Country USA	4. FEI Number 20-4160166 APPLICABLE Applied For Not Applicable	
6. Name and Address of Current Registered Agent WOOD, BRADLEY J ESQ. 2639 DR. M.L. KING, JR. STREET NORTH ST. PETERSBURG, FL 33704			7. Name and Address of New Registered Agent Name Wood, Bradley J., Esq. Street Address (P.O. Box Number is Not Acceptable) 600 First Avenue North, Suite 302 City, State, Zip Code St. Petersburg FL 33701		
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 <i>Bradley J Wood</i> Signature, typed or printed name of registered agent and title if applicable.			DATE 2/4/08 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 10040 INVESTMENTS, INC. 1585 CANOPY OAK BOULEVARD PALM HARBOR, FL 34683			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YASSO, INC. 914 CURLEW ROAD, #354 DUNEDIN, FL 34698			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 2/8/08		DAYTIME PHONE # (727) 442-9700

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