


**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90127 040 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L06000014143</b>			
1. Entity Name J&CHP SAVINGS, LLC			
Principal Place of Business 420 11TH STREET KEY COLONY BEACH, FL 33051		Mailing Address PO BOX 510787 KEY COLONY BEACH, FL 33051	
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
03282008		Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4287785		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		7. Name and Address of New Registered Agent	
HUGHES-PAPSIDERO, CONNIE L <del>PO BOX 510787</del> KEY COLONY BEACH, FL 33051 <i>420 11th ST          Key Colony Bch, FL          33051</i>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES PAPSIDERO, CONNIE L	NAME	
STREET ADDRESS	420 11 STREET	STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES PAPSIDERO, JOHN A	NAME	
STREET ADDRESS	420 11 STREET	STREET ADDRESS	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	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 <i>Connie Hughes Papsidero</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		(305) 292-2259 Daytime Phone #	

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