

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000025407

1. Entity Name
JRP INVESTMENTS, LLC



Principal Place of Business
2710 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

Mailing Address

2710 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

2. Principal Place of Business - No P.O. Box #
5442 MT PLYMOUTH RD

3. Mailing Address

5442 MT. PLYMOUTH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
APOPKA FL

City & State
APOPKA FL

Zip 32712

Zip 32712

Country

4. FEI Number
20-4454481

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYERS, ROBERT T
2710 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable)

5442 MT. PLYMOUTH RD

City

APOPKA

FL

Zip Code 32712

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: *Robert T. Ayers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AYERS, ROBERT T 2710 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5442 MT. PLYMOUTH RD. APOPKA FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, JIM 2710 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSARO, PETE 2710 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
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
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: *Robert T. Ayers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED
Aug 27, 2007 8:00 am
Secretary of State**

08-27-2007 90122 041 ****50.00

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08102007 Chg-LLC CR2E083 (12/06)