2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/25/2008-90093-018-$538.75-$538.75

DOCUMENT # L06000025407

1. Entity Name
JRP INVESTMENTS, LLC

FILED
08 SEP 22 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07092008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
5442 MT PLYMOUTH RD APOPKA, FL 32712	5442 MT PLYMOUTH RD APOPKA, FL 32712

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

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 5442 MT PLYMOUTH RD APOPKA, FL 32712	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

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 5442 MT PLYMOUTH RD APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PHILLIPS, JIM 2710 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HARVY CAPULLO P.O. BOX 585261 ORLANDO FL 32858.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARVY CAPULLO 2710 N. ORANGE BLOS. TRAIL ORLANDO FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MP 9/22	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 ROBERT T. AYERS 8-19-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #