FILED Apr 11, 2007 8:00 am Secretary of State

2007	LIMITED LIADILITY COMPAN	1
	ANNUAL REPORT	
		_

DOCUMENT # L06000035569 1. Entity Name JPS INVESTMENTS LLC.							04-11-2007	90152 020) ****5	0.00	
Principal Place of Business Mailing Address						000	,01,				
257 MINORCA BEACH WAY			257 MINORCA BEACH WAY			1					
901			901								
NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL					69						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04062007	Chg-LLC	CR2E083	(12/06)		
City & State			City & State			4. FEI Numb	er 24355			pplied For ot Applicable	
Zip	Country		Zip	Cour	try	5. Certificati	e of Status Desired		5.00 Add e Require		
	6. Name	and Address of Current	Registered Agent		Name	7. Name an	d Address of New R	egistered Ag	ent		
SMITH, JAMES P 257 MINORCA BEACH WAY					Name Street Address (P.O. Box Number is Not Acceptable)						
901								·			
NEW SMYRNA BEACH, FL 32169					City			FL	Zip Cod	e	
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.	Cianatus trans	or printed name of registered agent :									
	orginature, typeu	or printed name or registered agent s	ало вае в аррасавае. (МОН	E: Hegistere	d Agent signature required	when reinstating)	<u> </u>	DATE		··	
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State					
9.		MANAGING MEMBE	RS/MANAGERS	10,			ADDITIONS/	CHANGES		-	
TITLE	MGRM	,	☐ Delete	TITL	E		, instruction		Change	Addition	
NAME	SMITH, JA			NAM	_						
STREET ADDRESS CITY-ST-ZIP		RCA BEACH WAY	20		ET ADDRESS - ST-ZIP						
TITLE									7 Channa	- Addition	
NAME			□ Oelele	TITLI	-			L	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP						
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NAME				NAM	ľ						
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CITY-ST-ZIP					-ST-ZIP						
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NAME				NAM							
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indicated	on this repor	t is true and accurate and	this filing does not qualify for that my signature shall have	the same	e legal effect as if n	nade under oat	h; that I am a manag	rther certify th ing member o	at the info or manage	rmation or of the	
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 of the receiver or tructee empowered to execute this report as required by Chapter 608, Florida Statutes.											

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