

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90137 019 \*\*\*143.75

60007259



02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2584990 Applied For Not Applicable

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

DOCUMENT # L06000044766

1. Entity Name  
JLFR VENTURE, L.L.C.



Principal Place of Business  
10149 FISHER AVENUE  
TAMPA, FL 33619

Mailing Address  
10149 FISHER AVENUE  
TAMPA, FL 33619

2. Principal Place of Business - No P.O. Box #  
1409 TECH BLVD  
Suite, Apt. #, etc.

3. Mailing Address  
1409 TECH BLVD  
Suite, Apt. #, etc.

Suite 1

Suite 1

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip 33619 Country US

Zip 33619 Country US

## 6. Name and Address of Current Registered Agent

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE MGR ☐ Delete  
NAME RIPA, FRANK PAUL  
STREET ADDRESS 40149 FISHER AVENUE  
CITY-ST-ZIP TAMPA, FL 33619

TITLE MGR ☐ Delete  
NAME LANDON, JOHN  
STREET ADDRESS 40149 FISHER AVENUE  
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME RIPA, FRANK PAUL  
STREET ADDRESS 1409 TECH BLVD, SUITE 1  
CITY-ST-ZIP TAMPA, FL 33619

TITLE MGR ☒ Change ☐ Addition  
NAME LANDON, JOHN  
STREET ADDRESS 1409 TECH BLVD, SUITE 1  
CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 606, Florida Statutes.

SIGNATURE:

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

Frank P. Ripa

Date

2/6/08 813-623-6777

Daytime Phone #