


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 13, 2007 8:00 am
Secretary of State

03-30-2007 90038 002 ****50.00

DOCUMENT # L06000072103					
1. Entity Name JEPSTER INVESTOR, L.L.C.					
Principal Place of Business 633 N.E. 9TH AVENUE, #7 FT. LAUDERDALE FL 33304		Mailing Address 633 N.E. 9TH AVENUE, #7 FT. LAUDERDALE FL 33304			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2600731	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PHELAN, JOHN E 633 N.E. 9TH AVENUE, #7 FT. LAUDERDALE FL 33304			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when remaining)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHELAN, JOHN E 633 N.E. 9TH AVENUE, #7 FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>John E Phelan</u>			3/20/07		954-629-4301
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>