

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112424

Entity Name: J.P. - SEVEN, LLC

FILED
Jul 23, 2008
Secretary of State

Current Principal Place of Business:

3400 RADIO ROAD, STE 103
NAPLES, FL 34104

New Principal Place of Business:

3400 RADIO ROAD
STE 103
NAPLES, FL 34104

Current Mailing Address:

3400 RADIO ROAD, STE 103
NAPLES, FL 34104

New Mailing Address:

3400 RADIO ROAD
STE 103
NAPLES, FL 34104

FEI Number: 20-5936042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEECHER, ROB
19682 VILLA ROSA LOOP
FORT MYERS, FL 33967 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAKUBCZAK, THOMAS D
Address: 962 HILL HOLLOW COURT
City-St-Zip: MILFORD, MI 48381

Title: MGRM () Delete
Name: PEECHER, ROBERT
Address: 19682 VILLA ROSA LOOP
City-St-Zip: FORT MYERS, FL 33967

Title: MGRM () Delete
Name: BARKER, DWAYNE DAVID
Address: 48556 ANTIQUE ROAD
City-St-Zip: CANTON, MI 48187

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROB PEECHER

MGRM

07/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date