




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90135 025 ***138.75

DOCUMENT # L06000117697 1. Entity Name JPP HOLDINGS, L.L.C.					
Principal Place of Business 1158 VIA JARDIN PALM BEACH GARDENS, FL 33418			Mailing Address 2011 HOPEWOOD DRIVE FALLS CHURCH, VA 22043		
2. Principal Place of Business - No P.O. Box # 3166 CEDAR GROVE DR		3. Mailing Address 3166 CEDAR GROVE DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Fairfax VA		City & State Fairfax VA		4. FEI Number 20-5923564	
Zip 22031		Zip 22031		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PROCTOR, JOHN M 1158 VIA JARDIN PALM BEACH GARDENS, FL 33418				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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FITZGERALD, PAMELA P 2011 HOPEWOOD DRIVE FALLS CHURCH, VA 22043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR  Ms. Pamela Fitzgerald 3166 Cedar Grove Drive Fairfax, VA 22031 CHESAPEAKE BAY FOUNDATION	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROCTOR, JOHN M 1158 VIA JARDIN PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARS, PATRICIA T 11 BICENTENNIAL DRIVE LEXINGTON, MA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: 			Date April 1, 2008 (703) 963-2114		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60019726



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