

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117697

Entity Name: JPP HOLDINGS, L.L.C.

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

3166 CEDAR GROVE DR  
FAIRFAX, VA 22031

**New Principal Place of Business:**

**Current Mailing Address:**

3166 CEDAR GROVE DR  
FAIRFAX, VA 22031

**New Mailing Address:**

FEI Number: 20-5923564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROCTOR, JOHN M  
1158 VIA JARDIN  
PALM BEACH GARDENS, FL 33418 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: MGR ( ) Delete  
Name: PROCTOR, JOHN M  
Address: 1158 VIA JARDIN  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR ( ) Delete  
Name: MARS, PATRICIA T  
Address: 11 BICENTENNIAL DRIVE  
City-St-Zip: LEXINGTON, MA 02421

Title: MGR ( ) Delete  
Name: FITZGERALD, PAMELA MS  
Address: 3166 CEDAR GROVE DR  
City-St-Zip: FAIRFAX, VA 22031

**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: PAMELA FITZGERALD

MS

04/23/2009

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