


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000119883</b> 1. Entity Name JCP-VYP, LLC	
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Principal Place of Business 7585 216TH STREET O'BRIEN, FL 32071	Mailing Address 7585 216TH STREET O'BRIEN, FL 32071
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**DO NOT WRITE IN THIS SPACE**

01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8146945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  PEURRUNG, JOSEPH C 7909 216TH STREET O'BRIEN, FL 32071
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**DO NOT WRITE  
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEURRUNG, JOSEPH C 7585 216TH STREET O'BRIEN, FL 32071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEURRUNG, VICTORIA Y 7585 216TH STREET O'BRIEN, FL 32071
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000000783710  
01/16/08-80026-006 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Joseph C Peurrung* *Victoria Peurrung* 1/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #