

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90035 047 \*\*\*138.75

**60029678**



<b>DOCUMENT # L07000003303</b>	
1. Entity Name JPG 800 LLC	



Principal Place of Business 221 WEST OAKLAND PARK BLVD., THIRD FLOOR FORT LAUDERDALE, FL 33311 US	Mailing Address 221 WEST OAKLAND PARK BLVD., THIRD FLOOR FORT LAUDERDALE, FL 33311 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 950	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FORT LAUDERDALE, FL	
Zip	Country	Zip	Country
		33302	

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8337009		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MITCHELL, DON 221 WEST OAKLAND PARK BLVD., THIRD FLOOR FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable

(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	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GADDIS, JESSE P.			NAME			
STREET ADDRESS	221 WEST OAKLAND PARK BLVD., THIRD FLOOR			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GADDIS, MICHAEL R			NAME			
STREET ADDRESS	221 WEST OAKLAND PARK BLVD., THIRD FLOOR			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JESSE P. GADDIS

4/14/08 (954) 565-8900

Date

Daytime Phone #