

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90035 007 \*\*\*138.75

**DOCUMENT # L07000014436**

1. Entity Name  
**JPG TALLAHASSEE LLC**



Principal Place of Business  
**221 W OAKLAND PARK BLVD, THIRD FLOOR  
FORT LAUDERDALE, FL 33311 US**

Mailing Address  
**221 W OAKLAND PARK BLVD, THIRD FLOOR  
FORT LAUDERDALE, FL 33311 US**

**60029670**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 950**  
Suite, Apt. #, etc.

04012008 Chg-LLC CR2E083 (12/06)

City & State  
**FORT LAUDERDALE, FL**

4. FEI Number  
☒ Applied For  
☒ Not Applicable

Zip  
**33302**

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MITCHELL, DON  
221 W 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

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**

TITLE  
**MGR** ☒ Delete  
NAME  
**MITCHELL, DON**  
STREET ADDRESS  
**221 W OAKLAND PARK BLVD, THIRD FLOOR**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33311**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
**MGR** ☐ Change ☒ Addition  
NAME  
**GADDIS, JESSE P.**  
STREET ADDRESS  
**221 W. OAKLAND PARK BLVD., THIRD FL**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33311**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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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 #