

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90035 049 ***138.75

60029676



04012008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000014437 1. Entity Name JPG AAPEX 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						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 950 Suite, Apt. #, etc.							
City & State Zip Country		City & State FORT LAUDERDALE, FL Zip Country 33302		4. FEI Number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Applied For</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> Not Applicable</td> </tr> </table>			Applied For		<input checked="" type="checkbox"/> Not Applicable
	Applied For								
	<input checked="" 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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
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 MITCHELL, DON 221 W OAKLAND PARK BLVD., THIRD FLOOR FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GADDIS, JESSE P. 221 W OAKLAND PARK BLVD., THIRD FL FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:			JESSE P. GADDIS 4/14/08 (954) 565-8900						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>						