2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 07, 2008 8:00 am
Secretary of State
02-07-2008 90089 027 ***138.75

DOCUMENT # L07000021301

1. Entity Name
JARPO PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
5679 ROYAL OAK WAY HOLLYWOOD FL 33312	5679 ROYAL OAK WAY HOLLYWOOD FL 33312

1st MOORE   CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4340 Sheridan St	← same
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc.
City & State Hollywood, FL	City & State
Zip 33021 Country	Zip Country

4. FEI Number 20-8524824 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLLAK, JENNIFER 5679 ROYAL OAK WAY HOLLYWOOD FL 33312	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]   3-4-08
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR POLLAK, JENNIFER 5679 ROYAL OAK WAY HOLLYWOOD FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jennifer Pollak 4340 Sheridan St Suite 201 Hollywood, FL 33021 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]   1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #