

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

08-14-2008 90036 041 \*\*\*538.75

<b>DOCUMENT # L07000031612</b>						
<b>1. Entity Name</b> JP MARION HOLDINGS, L.L.C.						
<b>Principal Place of Business</b> 3320 SW 34TH CIRCLE OCALA, FL 34474			<b>Mailing Address</b> 3320 SW 34TH CIRCLE OCALA, FL 34474			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b>		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756			Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
<b>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.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering)						
<b>FILE NOW!!! FEE IS \$538.75</b> <b>Due by September 12, 2008</b>		<b>Make check payable to</b> <b>Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	JAMES H. ROGERS 3320 SW 34TH CIRCLE OCALA, FL 34474		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PRESIDENT JAMES H. ROGERS 3320 SW 34TH CIRCLE OCALA, FL 34474	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		[Empty Row]				
<input type="checkbox"/> Change <input type="checkbox"/> Addition		[Empty Row]				
<input type="checkbox"/> Change <input type="checkbox"/> Addition		[Empty Row]				
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		[Empty Row]				
<b>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.</b>						
<b>SIGNATURE:</b> _____						
Date: 8/13/08 (352)629-8454						