

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3 **FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90401 030 \*\*\*138.75

<b>DOCUMENT # L07000046441</b> 1. Entity Name <b>JEAP, LLC</b>					
Principal Place of Business <b>4770 BISCAYNE BLVD., SUITE 550 MIAMI, FL 33137</b>			Mailing Address <b>4770 BISCAYNE BLVD., SUITE 550 MIAMI, FL 33137</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BUCK, PAULINE DR. 4770 BISCAYNE BLVD., SUITE 550 MIAMI, FL 33137</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Pauline K Buck 1735 Daytonia Rd M.B. FL 33141</b> <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	<b>Vice President Evan B. Buck 1735 Daytonia Rd M.B. FL 33141</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: x</b>			<b>Pauline K. Buck</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>2/25/08</b> <b>3055765338</b> <small>Daytime Phone #</small>		

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02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26 0140269** Applied For Not Applicable

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