

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000057588

Entity Name: JP SPECIALTY CARS, LLC

FILED
Jun 09, 2008
Secretary of State

Current Principal Place of Business:

215 SOUTH 18TH AVE.
APT 2
LAKE WORTH, FL 33460

New Principal Place of Business:

3700 GEORGIA AVENUE
1-A
WEST PALM BEACH, FL 33405

Current Mailing Address:

215 SOUTH 18TH AVE.
APT 2
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARKERSON, JOHNPAL
215 SOUTH 18TH AVE
APT 2
LAKE WORTH,, FL 33460 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARKERSON, JOHNPAL
Address: 215 SOUTH 18TH AVE, APT 2
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM () Delete
Name: ZITO, JULIE E
Address: 215 SOUTH 18TH AVE, APT 2
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM () Delete
Name: VAILLANT VALFOX LLC,
Address: 115 NO. PALMWAY, APT 2
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHNPAL PARKERSON

MGR

06/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date