FILED
Apr 11, 2008 8:00 am
Secretary of State

02-27-2008 90079 031 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000081697

1. Entity Name
JP TRAILERS, LLC

30003783

Principal Place of Business	Mailing Address
LIVE OAK LANE LABELLE, FL 33935	P.O. BOX 301 LABELLE, FL 33935

01212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2354 St Rd 64 West	P.O. BOX 188
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wauchula, FL	City & State: Wauchula, FL
Zip: 33873 Country: US	Zip: 33873-0188 Country: US

4. FEI Number: 77-0701612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAUL, J.R. JR.
LIVE OAK LANE
LABELLE, FL 33935

7. Name and Address of New Registered Agent

Name: J R Paul Jr. Same
Street Address (P.O. Box Number is Not Acceptable): Same
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, 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	Jack Paul Properties INC 2354 St Rd 64 West Wauchula, FL. 33873 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Manager / NAME / STREET ADDRESS / CITY-ST-ZIP	John R Paul Jr Live Oak Lane LaBelle, FL 33935 ☐ 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
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 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: ✓ JRPaul   Feb-13-2008   863-735-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #