2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000099441

1. Entity Name
JASON PAPP ENTERPRISES, LLC

Principal Place of Business	Mailing Address
1860 ROCKLEDGE BLVD. ROCKLEDGE, FL 32955	1215 MYRTLE LANE COCOA, FL 32922

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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

01092008   Chg-LLC   CR2E083 (12/06)

4. FEI Number
37-1551372

☐ 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
PAPP, JASON R 1215 MYRTLE LANE ROCKLEDGE, FL 32922	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, 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	MGRM	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	PAPP, JASON R		NAME				
STREET ADDRESS	1215 MYRTLE LANE		STREET ADDRESS				
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: _Jason R. Papp_   JASON R. PAPP   MGRM   4/26/08   321-631-3292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #