## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 03, 2005 08:00 AM Secretary of State DOCUMENT # M04000003748 1. Entity Name J-PAC, LLC Principal Place of Business Mailing Address 25 CENTRE ROAD 25 CENTRE ROAD SOMERSWORTH, NH 03878 SOMERSWORTH, NH 03878 CR2E083 (10/03) 01242005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0515327 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CIT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, lyped or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR U00000250260 MCLAUGHLIN, WILLIAM J 03/04/05-80005-001 50.00 NAME STREET ADDRESS 25 CENTRE ROAD SOMERSWORTH, NH 03878 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED**