2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000003137

1. Entity Name JNUPS4 LLC



FILED Aug 08, 2008 08:00 AM Secretary of State

Principal Place of Business

1263 EAST 27TH STREET BROOKLYN, NY 11210

Mailing Address

1263 EAST 27TH STREET BROOKLYN, NY 11210



07112008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	 			T	Applied For	
	20-4922751			ш.Г		Not Applicable	
	-		 	15 OF) 4	Additional	

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

NRAI SERVICES, INC. 2713 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

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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.	
٥.	OWATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEISS. JACOB 1263 EAST 27TH STREET BROOKLYN, NY 11210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEISS, ARIELA 1263 EAST 27TH STREET BROOKLYN, NY 11210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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DATE

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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.

SIGNATURI	= :		2	AA	,- 						
SIGNA	TURE AND	TYPED OR	PRINTED I	NAME OF	SIGNING	MANAGING	MEMBER.	OR A	JTHORIZED I	REPRESEN	TATIVE

CITY-ST-ZIP

Davtime Phone #