

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003794

Entity Name: JPI HOLDINGS, LLC

FILED  
Apr 14, 2008  
Secretary of State

## Current Principal Place of Business:

5100 S. CLEVELAND AVENUE, STE. 318  
FT. MYERS, FL 33907

## New Principal Place of Business:

5100 S. CLEVELAND AVENUE, STE. 318  
FT. MYERS, FL 33907 US

## Current Mailing Address:

5100 S. CLEVELAND AVENUE, STE. 318  
FT. MYERS, FL 33907

## New Mailing Address:

5100 S. CLEVELAND AVENUE, STE. 318  
FT. MYERS, FL 33907 US

FEI Number: 56-2476207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PYTYNIA, JONATHAN  
5100 S. CLEVELAND AVENUE, STE. 318  
FT. MYERS, FL 33907 US

## Name and Address of New Registered Agent:

PYTYNIA, JONATHAN M  
5100 S. CLEVELAND AVENUE, STE. 318  
FT. MYERS, FL 33907 US

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: JONATHAN PYTYNIA

04/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PYTYNIA, JONATHAN  
Address: 5100 S. CLEVELAND AVENUE, STE. 318  
City-St-Zip: FT. MYERS, FL 33907

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PYTYNIA, JONATHAN M  
Address: 5100 S. CLEVELAND AVENUE, STE. 318  
City-St-Zip: FT. MYERS, FL 33907 US

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: JONATHAN PYTYNIA

MGM

04/14/2008

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