


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000020982 1. Entity Name J.D.C. HOLDINGS, LLC	
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Principal Place of Business 6450 SW 42ND STREET DAVIE, FL 33314	Mailing Address 6450 SW 42ND STREET DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE



01142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0791426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DORN, SEYMOUR 10404 NW 5TH ST. PLANTATION, FL 33324

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2005

U00000186766
 01/21/05 00069 015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORN, SEYMOUR 10404 NW 5 ST PLANTATIONS, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORN, DAVID 10309 NW 6 ST PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORN, CRAIG 6422 CHAMPLAM TERRACE DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Seymour Dorn Date: 1-16-05 Daytime Phone #: 954-452-0003
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE