

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Nov 28, 2006
Secretary of State**

DOCUMENT# L02000020982

Entity Name: J.D.C. HOLDINGS, LLC

Current Principal Place of Business:

6450 SW 42ND STREET
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6450 SW 42ND STREET
DAVIE, FL 33314

New Mailing Address:

FEI Number: 55-0791426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DORN, SEYMOUR
10404 NW 5TH ST.
PLANTATION, FL 33324 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: SEYMOUR DORN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DORN, SEYMOUR
Address: 10404 NW 5 ST
City-St-Zip: PLANTATIONS, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: DORN, DAVID
Address: 10309 NW 6 ST
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: DORN, CRAIG
Address: 6422 CHAMPLAM TERRACE
City-St-Zip: DAVIE, FL 33331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SEYMOUR DORN

MGR

11/28/2006

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