

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

08-08-2005 90149038 \*\*\*\*50.00  
L04000016157

## FILED

05 AUG 23 AM 10:15

W/08/23/05

SECRETARY OF STATE  
TALLAHASSEE, FL 32303  
**20066863DA**



|  |  |
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| <b>DOCUMENT # L04000016157</b><br>1. Entity Name<br><b>JDK FLORIDA LLC</b> |  |
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|--|--|
| Principal Place of Business<br><b>806 WILSON STREET<br/>LAGUNA BEACH, CA 92651</b> | Mailing Address<br><b>806 WILSON STREET<br/>LAGUNA BEACH, CA 92651</b> |
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|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
|--|--|

07262005 Chg-LLC CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-0892485</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATE ACCESS, INC.<br/>236 E. 6TH AVENUE<br/>TALLAHASSEE, FL 32303</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|--|---|

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 7, 2005**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS |   | 10. ADDITIONS/CHANGES |   |
|------------------------------|---|-----------------------|---|
| TITLE                        | MGR <input type="checkbox"/> Delete     | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | D.R. & J.J. PAUL REVOCABLE LIVING TRUST | NAME                  |   |
| STREET ADDRESS               | 806 WILSON STREET                       | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | LAGUNA BEACH, CA 92651                  | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete         | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  |   |
| STREET ADDRESS               |   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete         | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  |   |
| STREET ADDRESS               |   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete         | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  |   |
| STREET ADDRESS               |   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete         | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  |   |
| STREET ADDRESS               |   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |   | 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)(i), 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:** *D.R. & J.J. Paul Trustee for Manager* Date: 7/20/05 949-376-7097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #