


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90122 013 ****50.00

DOCUMENT # L05000106476	
1. Entity Name JDD TWO, LLC	

Principal Place of Business 4559 PINEHURST GREENS ESTERO, FL 33928	Mailing Address 4559 PINEHURST GREENS ESTERO, FL 33928
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600000100

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2. Principal Place of Business - No P.O. Box # 6680 Mossy Glen Dr.	3. Mailing Address 6680 Mossy Glen Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

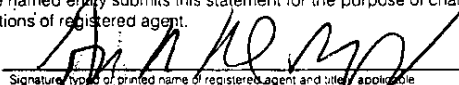
08082007 Chg-LLC CR2E083 (12/06)

City & State Ft. Myers, FL	City & State Ft. Myers, FL
Zip 33908	Zip 33908
Country	Country

4. FEI Number 20-3715947	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DRAGO, JOSEPH D 4559 PINEHURST GREENS ESTERO, FL 33928	7. Name and Address of New Registered Agent Name DRAGO, Joseph D. Street Address (P.O. Box Number is Not Acceptable) 6680 Mossy Glen Dr. City Ft. Myers FL Zip Code 33908
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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 	DATE 8/24/07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRAGO, JOSEPH D 4559 PINEHURST GREENS ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRAGO, Joseph D. 6680 Mossy Glen Dr. Ft. Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: 	DATE 8/24/07 239-8262151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	