2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000008543

1. Entity Name
J & D LENDING, LLC

Principal Place of Business	Mailing Address
3829 PARTRIDGE PLACE SOUTH QUAIL RIDGE BOYNTON BEACH, FL 33436	3829 PARTRIDGE PLACE SOUTH QUAIL RIDGE BOYNTON BEACH, FL 33436

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02082006 Chg-LLC CR2E083 (11/05)
City & State	City & State	4. FEI Number 59-3660846 Applied For / Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A.G.C. CO. 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO, FL 32801	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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

Filing Fee is $50.00 **Due by May 1, 2006**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LASS, E. DONALD		NAME			
STREET ADDRESS	3829 PARTRIDGE PLACE SOUTH QUAIL RIDGE		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PLANGERE, JULES L JR.		NAME			
STREET ADDRESS	3829 PARTRIDGE PLACE SOUTH QUAIL RIDGE		STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ 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 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: _Jules L. Plangere Jr._   2/8/06   732/751-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #