

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000015610

1. Entity Name

J.E.D./ALLEN OF S.W. FLORIDA, L.L.C.



Principal Place of Business

321 FIRST AVENUE NORTH
MINNEAPOLIS, MN 55401

Mailing Address

321 FIRST AVENUE NORTH
MINNEAPOLIS, MN 55401



04112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

36-4433789

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALLEN, JOHN N
100 KINGSTOWN DRIVE
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALLEN, JOHN N
STREET ADDRESS	321 FIRST AVENUE NORTH
CITY-ST-ZIP	MINNEAPOLIS, MN 55401

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**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #