

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011408

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** JDO MANAGEMENT ENTERPRISES, LLC

**Current Principal Place of Business:**

144 BEARS CLUB DRIVE  
JUPITER, FL 33477

**New Principal Place of Business:**

800 VILLAGE SQUARE CROSSING  
STE 104  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

144 BEARS CLUB DRIVE  
JUPITER, FL 33477

**New Mailing Address:**

800 VILLAGE SQUARE CROSSING  
STE 104  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 65-1128277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRANT, ABRAHAM, REITER, ET AL  
50 NORTH LAURA ST., STE. 2750  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCOTT DAVIS TRUSTEE, OF THE JO FAM.  
Address: 144 BEARS CLUB DRIVE  
City-St-Zip: JUPITER, FL 33477

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCOTT DAVIS TRUSTEE, OF THE JDO IDG TRUST  
Address: 800 VILLAGE SQUARE CROSSING, STE 104  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT DAVIS TRUSTEE OF THE JDO IDG TRUST

MGRM

04/26/2007

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