


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90103 003 \*\*\*\*50.00

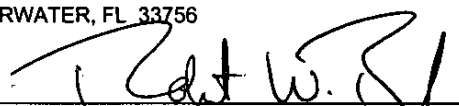
<b>DOCUMENT #</b> L02000001327	
<b>1. Entity Name</b> JDI LAND, L.L.C.	

<b>Principal Place of Business</b> 1208 SOUTH MYRTLE AVE CLEARWATER, FL 33756	<b>Mailing Address</b> 1208 SOUTH MYRTLE AVE CLEARWATER, FL 33756
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<b>2. Principal Place of Business</b> 100 Carillon Parkway Suite, Apt. #, etc. Suite 100 City & State St. Petersburg FL Zip 33716 Country USA	<b>3. Mailing Address</b> 100 Carillon Parkway Suite, Apt. #, etc. Suite 100 City & State St. Petersburg FL Zip 33716 Country USA
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01042005 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 80-0029594	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BYRD, ROBERT W 1208 S. MYRTLE AVENUE CLEARWATER, FL 33756 	
<b>7. Name and Address of New Registered Agent</b> Name Byrd, Robert W Street Address (P.O. Box Number is Not Acceptable) 100 Carillon Parkway Suite 100 City St. Petersburg FL Zip Code 33716	

**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 Robert W. Byrd DATE 01-19-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASCO LAND BARONS LLC 1208 SOUTH MYRTLE AVE CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGEM Pasco Land Barons LLC 100 Carillon Parkway Suite 100 St. Petersburg FL 33716 <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
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 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.**

<b>SIGNATURE:</b>  <b>Robert W. Byrd</b> <u>01-19-05</u> <u>727-461-0859</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>