
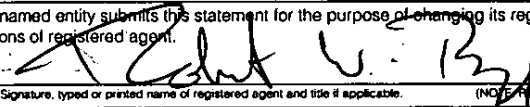
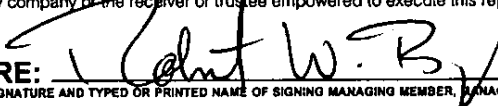


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90134 031 ***138.75

DOCUMENT # L02000001327 1. Entity Name JDI LAND, L.L.C.			
Principal Place of Business 100 CARILLON PARKWAY STE 100 SAINT PETERSBURG, FL 33716		Mailing Address 100 CARILLON PARKWAY STE 100 SAINT PETERSBURG, FL 33716	
2. Principal Place of Business - No P.O. Box # 10851 Mangrove Cay Ln		3. Mailing Address PO Box 22326	
Suite, Apt. #, etc. NE # 413		Suite, Apt. #, etc. 	
City & State St. Petersburg FL		City & State St. Petersburg FL	
Zip 33716 Country USA		Zip 33742 Country USA	
4. FEI Number 80-0029594		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BYRD, ROBERT W 100 CARILLON PARKWAY SAINT PETERSBURG, FL 33716		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10851 Mangrove Cay Lane NE # 413 St. Petersburg FL 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 2-5-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASCO LAND BARONS LLC 100 CARILLON PARKWAY STE 100 SAINT PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Byrd Holdings Inc. 10851 Mangrove Cay Lane NE # 413 St. Petersburg FL 33716 <input type="checkbox"/> Change <input checked="" 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
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:  Robert W. Byrd		2/5/08 727-461-0859 <small>Date Daytime Phone #</small>	