


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000016454**

1. Entity Name  
**JBD HOLDINGS, LLC**



Principal Place of Business: **409 WEST HALLANDALE BEACH BLVD., STE 415 HALLANDALE, FL 33009**

Mailing Address: **409 WEST HALLANDALE BEACH BLVD., STE 415 HALLANDALE, FL 33009**



**DO NOT WRITE IN THIS SPACE**

05022005No Chg-LLC CR2E083 (10/03)

4. FEI Number: **35-2173621** Applied For:  Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMALL, JESSE**  
**409 WEST HALLANDALE BEACH BLVD., STE. 415**  
**HALLANDALE, FL 33009**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE: \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

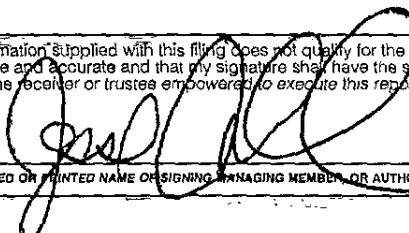
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHWARTZ, BENJAMIN
STREET ADDRESS	409 W HALLANOALK BCH BLVD
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/09/05-80001-024 50.00

**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)(f), 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:  **JESSE SMALL** 5/2/05 984 458 2343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #