2004 LIMITED LIABILITY COMPANY

Apr 30, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L02000032343 1. Entity Name JRD ENTERPRISES, LLC Principal Place of Business Mailing Address 5290 HIATUS ROAD **5290 HIATUS ROAD** SUNRISE, FL 33351 SUNRISE, FL 33351 02042004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81-0583607 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, JAMES R DO NOT WRITE 5290 HIATUS ROAD SUNRISE, FL 33351 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 Siduature, typed or printed name of registered egent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGRM TITLE JAMES R. DAVIS, REV. LIVING TRUST 9/27/94 NAME STREET ADDRESS 5290 HIATUS ROAD CITY-ST-ZIP SUNRISE, FL 33351 ্ৰাইট্ৰিট্ট কৰলেৰ ভাৰতীয় প্ৰতিষ্ঠিতিট্ৰীট্ৰাইটিট্ৰট্টিট্ৰট TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.771NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE

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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

STREET ADDRESS CSTY-ST-ZIP

FILED