

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032760

Entity Name: JD OF NAPLES, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

1000 TAMIAMI TRAIL NORTH
SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

1100 FIFTH AVENUE SOUTH
SUITE 101
NAPLES, FL 34102

Current Mailing Address:

1000 TAMIAMI TRAIL NORTH
SUITE 201
NAPLES, FL 34102

New Mailing Address:

1100 FIFTH AVENUE SOUTH
SUITE 101
NAPLES, FL 34102

FEI Number: 14-1859868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, DOUGLAS A
1000 TAMIAMI TRAIL NORTH
SUITE 401
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

WOOD, DOUGLAS A
1100 FIFTH AVENUE SOUTH
SUITE 101
NAPLES, FL 34102 US

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:

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOOD, DOUGLAS A
Address: 1000 TAMIAMI TRL N STE 401
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: SIESKY, JAMES H
Address: 1000 TAMIAMI TRAIL NORTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOOD, DOUGLAS A
Address: 1100 FIFTH AVENUE SOUTH, STE 101
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS A. WOOD

MGR

03/31/2009

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