


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000030966 1. Entity Name JDE'S ROLLING HILLS PLANTATION, LLC	
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Principal Place of Business 420 LAKE SHORE DR. MADISON, FL 32340	Mailing Address 420 LAKE SHORE DR. MADISON, FL 32340
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0519778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, J.B. JR. 420 LAKE SHORE DR. MADISON, FL 32340

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.

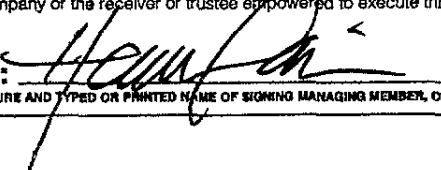
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIMMY DAVIS ENTERPRISES, INC. 420 LAKESHORE DRIVE MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVIS, J.B. JR 420 LAKESHORE DRIVE MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, HANK 420 LAKESHORE DRIVE MADISON, FL 32340
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<p>U00000234778 02/18/05-80035-021 50.00</p> 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)(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.

SIGNATURE: 	2-1705 850 973 225
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>