

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90039 031 ****50.00

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1. Entity Name
JDE'S ROLLING HILLS PLANTATION, LLC



Principal Place of Business

151 S.E. Lakeshore Drive
Madison, Florida 32340

Mailing Address

420 LAKE SHORE DR.
MADISON, FL 32340

20043720



03222006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-0519778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, J.B. JR.
151 S.E. Lakeshore Drive
Madison, Florida 32340

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JIMMY DAVIS ENTERPRISES, INC.
STREET ADDRESS 151 S.E. Lakeshore Drive
CITY-ST-ZIP Madison, Florida 32340

TITLE CEO
NAME DAVIS, J.B. JR.
STREET ADDRESS 151 S.E. Lakeshore Drive
CITY-ST-ZIP Madison, Florida 32340

TITLE P
NAME DAVIS, HANK
STREET ADDRESS 151 S.E. Lakeshore Drive
CITY-ST-ZIP Madison, Florida 32340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #