2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 23, 2004 8:00 am Secretary of State

DOCUMENT # L03000036930 1. Entity Name JDRM, LLC				08-23-2004 90150 031 ****55.00			
Principal Plac 1005 COACH	IMAN PLACE	Mailing Address	CE				
MIDDLEBURG	G, FL 32068	MIDDLEBURG, FL 320	68		11 22 111 22111 23112 11112 21111	. (2:06 till) sal	R#1 60 WY1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08182004 Chg-Li	LC CR2E08	3 (10/03)	
City & State		City & State		4. FEI Number 20 - 116194	 ما	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status D	esired TSR \$	5.00 Addi	itional
	6. Name and Address of Current F	Registered Agent	-Name	7. Name and Address of	of New Registered Ag	gent	
	A. HAMILTON	_	ļ. <u></u>	- (B.O. B N in N. A.			
1301 RIVE 2254	ERPLACE BLVD.		Street Addres	s (P.O. Box Number is Not Ad			
JACKSON	VILLE, FL 32207					75-0-4	
-			City		FL	Zip Code	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office or regis	tered agent, or both, in the St	até of Florida. I am fa	miliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title it applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)	DATE		
Fil Due l	ling Fee is \$50.00 by September 8, 2004				Make check pa Florida Departme		
9.	MANAGING MEMBEI	RS/MANAGERS	10.	ADC	DITIONS/CHANGES		
TITLE NAME	MGRM: JOHNSON, JOSEPH T	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	1005 COACHMAN PLACE		STREET ADDRESS		***		
CITY-ST-ZIP	MIDDLEBURG, FL 32068 MGRM	☐ Delete	CITY-ST-ZIP			☐ Change	Addition
NAME	JOHNSON, DONNA D	□ Delete	NAME			Unange	☐ A00III0II
STREET ADDRESS CITY-ST-ZIP	1005 COACHMAN PLACE MIDDLEBURG, FL 32068		STREET ADDRESS City-St-Zip				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME Street address	i i		NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delele	: TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		Delete	CITY-ST-ZIP			Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP	y \$*		STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		 	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify to	CITY-ST-ZIP	Section 119 07(2)(i) Pasida 5	Intutos Luther of "	he that the !-	oformation
indicated	i on this report is true and accurate and ablify company or the receiver or trustee	that my signature shall have empowered to execute this	the same legal effect as	if made under oath; that I am	a managing member	or manager	r of the
!		ohnson	•		7		
SIGNAT	TURE: - LOSEPh /	· Janour	<u>-</u>	8-18	-04 904-	291-1	<u> 355 </u>