

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038229

Entity Name: JRJPDB, LLC

FILED  
Mar 01, 2006  
Secretary of State

## Current Principal Place of Business:

8099 PALOMINO DRIVE  
NAPLES, FL 34113

## New Principal Place of Business:

28698 ALESSANDRIA CIRCLE  
BONITA SPRINGS, FL 34135

## Current Mailing Address:

8099 PALOMINO DRIVE  
NAPLES, FL 34113

## New Mailing Address:

P.O. BOX 36638  
BONITA SPRINGS, FL 34136

FEI Number: 20-0400889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BENNETT, DAVID C  
Address: 8099 PALOMINO DRIVE  
City-St-Zip: NAPLES, FL 34113

Title: MGR (X) Delete  
Name: PERKINS, JOHN H  
Address: 20940 ISLAND SOUND CIRCLE #293  
City-St-Zip: ESTERO, FL 33928

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PERKINS, JOHN H  
Address: 28698 ALESSANDRIA CIRCLE  
City-St-Zip: BOMITA SPRINGS, FL 34135

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN H. PERKINS

MGR

03/01/2006

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