



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90284 006 ****50.00

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|---|--|--|--|---|--|
| DOCUMENT # L03000041020 1. Entity Name JDCH PROPERTIES, LLC | | | |  | |
| Principal Place of Business 1443 BUCKWOOD DR ORLANDO, FL 32806 | | | | Mailing Address 1443 BUCKWOOD DR ORLANDO, FL 32806 | |
| 2. Principal Place of Business 365 Taft-Vineland Rd. Suite, Apt. #, etc. Suite 105 City & State Orlando, FL Zip 32824 | | 3. Mailing Address 365 Taft-Vineland Rd. Suite, Apt. #, etc. Suite 105 City & State Orlando, FL Zip 32824 | |  | |
| Country USA | | Country USA | | 03152005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 20-0339176 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent DOUDNEY, DOUGLAS S 1443 BUCKWOOD DR ORLANDO, FL 32806 | |
| 7. Name and Address of New Registered Agent Name Debbie R. Chalifoux Street Address (P.O. Box Number is Not Acceptable) 3325 S. Indiana Ave. City St. Cloud FL 34709 | | | | 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 Debbie R. Chalifoux DATE 3/18/06 | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOENSTINE, CLARENCE M 1443 BUCKWOOD DR ORLANDO, FL 32806 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Russell, John H. 2645 Cherokee Rd. St. Cloud, FL 34772 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOUDNEY, DOUGLAS S 1443 BUCKWOOD DR ORLANDO, FL 32806 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Russell, John B. 2645 Cherokee Rd. St. Cloud, FL 34772 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JD PROPERTIES, INC. 1443 BUCKWOOD DR ORLANDO, FL 32806 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Madison, Peter D. 4908 Oak Island Rd. Orlando, FL 32809 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Chalifoux, Debbie R. 3325 S. Indiana Ave. St. Cloud, FL 34709 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Debbie R. Chalifoux Debbie R. Chalifoux 3/18/06 407-908-5732 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |