

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90127 007 \*\*\*\*50.00

**DOCUMENT # L03000041020**

1. Entity Name  
**JDCH PROPERTIES, LLC**



Principal Place of Business  
**365 TAFT VINELAND RD  
STE 105  
ORLANDO, FL 32824**

Mailing Address  
**365 TAFT VINELAND RD  
STE 105  
ORLANDO, FL 32824**

**20046644**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0339176**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHALIFEUX, DEBBE R  
3325 S INDIANA AVE  
SAINT CLOUD, FL 34769**

Name **Chalifoux, Debbie R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**365 Taft-Vineland Rd.**  
**Suite 105**  
City **Orlando** FL Zip Code **32824**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RUSSELL, JOHN H  
2645 CHEROKEE RD  
SAINT CLOUD, FL 34772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RUSSELL, JOHN B  
2645 CHEROKEE RD  
SAINT CLOUD, FL 34772** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Russell, John B.  
2645 Cherokee Rd.  
St. Cloud, FL 34772** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CHALFOUX, DEBBE R  
3325 S INDIANA AVE  
SAINT CLOUD, FL 34769** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Chalifoux, Debbie R.  
6105 Lake Lizzie Dr.  
St. Cloud, FL 34771** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MADISON, PETER D  
4908 OAK ISLAND RD  
ORLANDO, FL 32809** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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** *Debbie R. Chalifoux* **Mgr. 4/19/06 407-908-5182**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #