

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 11, 2005  
Secretary of State**

DOCUMENT# L03000049348

Entity Name: JRD HOLDINGS, LLC

**Current Principal Place of Business:**

110 STATE STREET EAST  
SUITE A  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

110 STATE STREET EAST  
SUITE A  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 59-3140335      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARQUARDT, EMIL C JR.  
625 COURT STREET  
SUITE 200  
CLEARWATER, FL 33756EMIL 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/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: FALLA, JUAN F M.D.  
Address: 110 STATE STREET E., STE. A  
City-St-Zip: OLDSMAR, FL 33677 US

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

Title: MGRM ( ) Delete  
Name: FALLA, JOSEPHINE  
Address: 110 STATE STREET E., STE. A  
City-St-Zip: OLDSMAR, FL 33677 US

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

Title: MGRM ( ) Delete  
Name: FOX, DANNY M M.D.  
Address: 110 STATE STREET E., STE. A  
City-St-Zip: OLDSMAR, FL 33677 US

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

Title: MGRM ( ) Delete  
Name: FOX, DAWN  
Address: 110 STATE STREET E., STE. A  
City-St-Zip: OLDSMAR, FL 33677 US

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

Title: MGRM ( ) Delete  
Name: VICENCIO, RONALD M.D.  
Address: 110 STATE STREET E., STE. A  
City-St-Zip: OLDSMAR, FL 33677 US

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

Title: MGRM ( ) Delete  
Name: VICENCIO, LISA  
Address: 110 STATE STREET E., STE. A  
City-St-Zip: OLDSMAR, FL 33677 US

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 Section 119.07(3)(i), 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: DANNY FOX

MM

03/11/2005

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