

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049348

FILED
Mar 07, 2009
Secretary of State

Entity Name: JRD HOLDINGS, LLC

Current Principal Place of Business:

120 PINE AVE NORTH
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

120 PINE AVE NORTH
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 55-0863216

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/MANAGERS:

Title: MGRM () Delete
Name: FALLA, JUAN F M.D.
Address: 120 PINE AVE NORTH
City-St-Zip: OLDSMAR, FL 33677 US

Title: MGRM () Delete
Name: FALLA, JOSEPHINE
Address: 120 PINE AVE NORTH
City-St-Zip: OLDSMAR, FL 33677 US

Title: MGRM () Delete
Name: FOX, DANNY M M.D.
Address: 120 PINE AVE NORTH
City-St-Zip: OLDSMAR, FL 33677 US

Title: MGRM () Delete
Name: FOX, DAWN
Address: 120 PINE AVE NORTH
City-St-Zip: OLDSMAR, FL 33677 US

Title: MGRM (X) Delete
Name: VICENCIO, RONALD M.D.
Address: 120 PINE AVE NORTH
City-St-Zip: OLDSMAR, FL 33677 US

Title: MGRM (X) Delete
Name: VICENCIO, LISA
Address: 120 PINE AVE NORTH
City-St-Zip: OLDSMAR, FL 33677 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: FONG, AMY M.D.
Address: 120 PINE AVE NORTH
City-St-Zip: OLDSMAR, FL 33677 US

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

Title: MGRM (X) Change () Addition
Name: VICENCIO, RONALD M.D.
Address: 120 PINE AVE NORTH
City-St-Zip: OLDSMAR, FL 33677 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DANNY FOX

MGRM

03/07/2009

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