


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90104 014 \*\*\*\*50.00

|   |                                 |                                 |   |   |  |
|---|---------------------------------|---------------------------------|---|---|--|
| <b>DOCUMENT # L04000003982</b>  |                                 |                                 |   |  |  |
| <b>1. Entity Name</b><br>KJDG ENTERPRISES LLC   |                                 |                                 |   |   |  |
| <b>Principal Place of Business</b><br>1828 VISTA LAKES DR<br>ORANGE PARK, FL 32003  |                                 |                                 | <b>Mailing Address</b><br>1828 VISTA LAKES DR<br>ORANGE PARK, FL 32003  |   |  |
| <b>2. Principal Place of Business</b>   |                                 |                                 | <b>3. Mailing Address</b>   |   |  |
| Suite, Apt. #, etc.   |                                 |                                 | Suite, Apt. #, etc.   |   |  |
| City & State  |                                 |                                 | City & State  |   |  |
| Zip   |                                 | Country                         |   | Zip   |  |
|   |                                 |                                 |   | Country   |  |
| <b>4. FEI Number</b><br>73-1691693  |                                 |                                 |   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |                                 |                                 |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GRAMS, JOHN<br>1828 VISTA LAKES DR<br>ORANGE PARK, FL 32003   |                                 |                                 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>  |                                 |                                 |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____  |                                 |                                 |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>   |                                 |                                 |   | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                 |                                 | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE   | MGRM                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | GRAMS, JOHN                     |                                 | NAME  |   |  |
| STREET ADDRESS  | 1828 VISTA LAKES DR             |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | ORANGE PARK, FL 32003           |                                 | CITY-ST-ZIP   |   |  |
| TITLE   | MGRM                            | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME  | DETLEFSEN,                      |                                 | NAME  | MGRM Detlefsen, John  |  |
| STREET ADDRESS  | 2428 OLD PINE TRAIL             |                                 | STREET ADDRESS  | 2772 Shyde tree Dr  |  |
| CITY-ST-ZIP   | ORANGE PARK, FL 32003           |                                 | CITY-ST-ZIP   | ORANGE PARK, FL 32003   |  |
| TITLE   | MGRM                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | JONES, KEITH                    |                                 | NAME  |   |  |
| STREET ADDRESS  | 2207 LAKE SHORE DR NORTH        |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | ORANGE PARK, FL 32003           |                                 | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete |                                 | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                 |                                 | NAME  |   |  |
| STREET ADDRESS  |                                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete |                                 | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                 |                                 | NAME  |   |  |
| STREET ADDRESS  |                                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                 |                                 | CITY-ST-ZIP   |   |  |
| <b>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.</b> |                                 |                                 |   |   |  |
| <b>SIGNATURE:</b> <i>John R. Grams</i>  |                                 |                                 | 7-3-06 904-449-8012   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 |                                 | Date Daytime Phone #  |   |  |