


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/8/2005-90277-040-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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| DOCUMENT # L04000008203 | |  | |
| 1. Entity Name JDT LAND, L.L.C. | | | |
| Principal Place of Business 2004 HIGHLAND AVE LOUISVILLE, KY 40404 | | Mailing Address 2004 HIGHLAND AVE LOUISVILLE, KY 40404 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | 1318 Lafayette St. | |
| City & State | | City & State Cape Coral FL | |
| Zip | Country | Zip | Country |
| 33904 | USA | 33904 | USA |
| 4. FEL Number 20-1985355 | | 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 | | 7. Name and Address of New Registered Agent | |
| PERRON, ANDRE R ESQ OZARK, PERRON & NELSON, P.A. 2808 MANATEE AVENUE WEST BRADENTON, FL 34205 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GREENE, DONALD 2004 HIGHLAND AVE LOUISVILLE, KY 40404 <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 |
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| 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: <i>Joseph Brasley</i> | | Date: 4-1-05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |