

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000016390**

1. Entity Name  
**JRD COMPANY, LLC**



Principal Place of Business

**4097 KITTY LEE RD.  
IOWA CITY, IA 52240**

Mailing Address

**4097 KITTY LEE RD.  
IOWA CITY, IA 52240**



01122008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**42-1679004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, JOHN II, ESQ  
NASON, YEAGER, GERSON, ET AL  
1645 PALM BEACH LAKES BLVD, STE 1200  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DAVIS, JAMES R 4097 KITTY LEE RD IOWA CITY, IA 52240
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U00000785053  
01/16/08-80080-009 138.75

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IN THIS SPACE**

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:**

*James R. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1-12-08**

Date

**319-3385327**

Daytime Phone #