

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019988

Entity Name: JD TROPICAL HOLDINGS"LLC"

FILED  
Mar 01, 2005  
Secretary of State

**Current Principal Place of Business:**

1162 S. POWERLINE RD  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

6800 NORTH WEST 24 TERR  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

1162 S. POWERLINE RD  
POMPANO BEACH, FL 33069

**New Mailing Address:**

6800 NORTH WEST 24 TERR  
FORT LAUDERDALE, FL 33309

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

JAMES, SCHMIDT  
1162 S. POWELINE RD.  
POMPANO BEACH, FL 33069 US

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

JAMES, SCHMIDT  
6800 NORTH WEST 24 TERR  
FORT LAUDERDALE, FL 33309 US

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: JAMES SCHMIDT

03/01/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SCHMIDT, DONNA R  
Address: 1164 S. POWERLINE RD.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGR ( ) Delete  
Name: SCHMIDT, JAMES A  
Address: 1164 S. POWERLINE RD.  
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHMIDT, DONNA R  
Address: 6800 NORTH WEST 24 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR (X) Change ( ) Addition  
Name: SCHMIDT, JAMES A  
Address: 6800 NORTH WEST 24 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33309

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 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: DONNA SCHMIDT

MGR

03/01/2005

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