

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000044801

1. Entity Name
JDH PROPERTIES, L.L.C.



Principal Place of Business
2845 ENTERPRISE ROAD, SUITE 107-A
DEBARY, FL 32713

Mailing Address
2845 ENTERPRISE ROAD, SUITE 107-A
DEBARY, FL 32713



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1290278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSEWORTH, DONNA
2845 ENTERPRISE ROAD, SUITE 107-A
DEBARY, FL 32713

**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 Donna Houseworth Donna Houseworth 1/3/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

000000775598
01/08/08-80031-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUSEWORTH, DONNA 324 SECRET WAY COURT CASSELBERRY, FL 327073347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMORA, JULIAN JR. 660 NIGHT HAWK CIRCLE WINTER SRPINGS, FL 327082375
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Donna Houseworth Donna Houseworth 1/3/08 407 739-2712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #