2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90592 023 ****50.00

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03042005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
JRD INVESTORS, LLC

Principal Place of Business
8900 BRIGHTON LN
BONITA SPRINGS, FL 34135

Mailing Address
8900 BRIGHTON LN
BONITA SPRINGS, FL 34135

2. Principal Place of Business
4559 Pinehurst Greens Court
Suite, Apt. #, etc.

3. Mailing Address
4559 Pinehurst Greens Court
Suite, Apt. #, etc.

City & State: Estero, Fl
Zip: 33928
Country:

City & State: Estero, Fl
Zip: 33928
Country:

4. FEI Number: 20-1359097 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DRAGO, JOSEPH R
8900 BRIGHTON LN
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name: DRAGO Joseph R.
Street Address (P.O. Box Number is Not Acceptable): 4559 Pinehurst Greens Court
City: Estero FL Zip Code: 33928

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	DRAGO, JOSEPH R	
STREET ADDRESS	8900 BRIGHTON LN	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR	☒ Change ☐ Addition
NAME	DRAGO, Joseph R.	
STREET ADDRESS	4559 Pinehurst Greens Court	
CITY-ST-ZIP	Estero, Fl. 33928	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ 3/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #