## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # L04000052751** 04-12-2005 90022 001 \*\*\*\*50.00 1. Entity Name JDD FAMILY, LLC Principal Place of Business Mailing Address ~~~~~~ 8900 BRIGHTON LANE 8900 BRIGHTON LANE **BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135** 3. Mailing Address 2. Principal Place of Business 4559 PINEHURST GREENS COURT Suite, Apt. #, etc. Suite, Apt. #, etc. 04022005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For <del>-38-3705317</del> 20-1359105 ESTERO, FL Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П 33928 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPH R. DRAGO DRAGO, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 4559 PINEHURST GREENS COURT 8900 BRIGHTON LANE **BONITA SPRINGS, FL 34135** City ESTERO 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 regis ed agent. SIGNATURE Signature, ty or printed name of registered age; Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR. K Change ☐ Addition MGR TITLE TITLE □ Delete DRAGO, JOSEPH R NAME DRAGO, JOSEPH R. NAME 8900 BRIGHTON LANE STREET ADDRESS STREET ADDRESS **4559 PINEHURST GREENS COURT** BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-7IP ESTERO, FL. 33928 TITLE ☐ Change ■ Addition ☐ Delete TITLE MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality 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 peceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #