


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90022 001 \*\*\*\*50.00

DOCUMENT # L04000052751  
 1. Entity Name  
 JDD FAMILY, LLC



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

Mailing Address  
 8900 BRIGHTON LANE  
 BONITA SPRINGS, FL 34135

00029899



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**4559 PINEHURST GREENS COURT**  
 Suite, Apt. #, etc.

04022005 Chg-LLC CR2E083 (10/03)

City & State  
**ESTERO, FL**

4. FEI Number  
~~38-3765317~~ **20-1359105**

Applied For  
 Not Applicable

Zip  
**33928**

Country

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

6. Name and Address of Current Registered Agent  
 DRAGO, JOSEPH R  
 8900 BRIGHTON LANE  
 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent  
 Name  
**JOSEPH R. DRAGO**  
 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 *Joseph R. Drago* DATE *4/8/05*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRAGO, JOSEPH R 8900 BRIGHTON LANE BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. DRAGO, JOSEPH R. 4559 PINEHURST GREENS COURT ESTERO, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph R. Drago* DATE: *4/8/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #