


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000052751**  
 1. Entity Name  
**JDD FAMILY, LLC**



Principal Place of Business  
**6680 MOSSY GLEN DR  
 FORT MYERS, FL 33908**

Mailing Address  
**6680 MOSSY GLEN DR  
 FORT MYERS, FL 33908**

**DO NOT WRITE IN THIS SPACE**



03302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-1359105</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAGO, JOSEPH R  
 6680 MOSSY GLEN DR  
 FORT MYERS, FL 33908**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRAGO, JOSEPH R 6680 MOSSY GLEN DR FORT MYERS, FL 33908
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U000000835403  
 04/18/08-80012-015 138.75

**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: Joseph R Drago Mayer 4/14/08 2398262151

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