

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90349 033 ****50.00

DOCUMENT # L04000053720					
1. Entity Name J.D. ENTERPRISES OF ASTOR LLC					
Principal Place of Business 25934 HOLMAN DRIVE ASTOR, FL 32102			Mailing Address P.O. BOX 870 ASTOR, FL 32102		
2. Principal Place of Business X 15841 Tower View Dr		3. Mailing Address 15841 Tower View Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032005 Chg-LLC CR2E083 (10/03)	
City & State Clermont FL		City & State Clermont FL		4. FEI Number X 14-1906788	
Zip 34711		Country Lake		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RYDBERG, JOSEPHINE A 25934 HOLMAN DRIVE P.O. BOX 870 ASTOR, FL 32102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Josephine Rydberg</i> DATE: 2/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYDBERG, JOSEPHINE A P.O. BOX 870 25934 HOLMAN DRIVE ASTOR, FL 32102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rydberg Josephine A 15841 Tower View Dr Clermont FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWNSEND, DONALD P.O. BOX 870 25934 HOLMAN DRIVE ASTOR, FL 32102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Donald Townsend 15841 Tower View Dr Clermont FL 34711	
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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: <i>Josephine Rydberg</i>			Date: 2/28/05 352 536-6019		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					