

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054697

Entity Name: JARADAD HOLDINGS, LC

FILED
Mar 10, 2007
Secretary of State

Current Principal Place of Business:

4774 EXCHANGE AVENUE
NAPLES, FL 34104

New Principal Place of Business:

4774 EXCHANGE AVENUE
NAPLES, FL 34104 US

Current Mailing Address:

4774 EXCHANGE AVENUE
NAPLES, FL 34104

New Mailing Address:

4774 EXCHANGE AVENUE
NAPLES, FL 34104 US

FEI Number: 20-1411071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 NORTH TAMiami TRAIL, SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

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.

SIGNATURE: LEO J. SALVATORI

03/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAMMARATA, JOHN W
Address: 41 WICKLIFFE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAMMARATA, JOHN W
Address: 4774 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL 34104 US

Title: MGR () Change (X) Addition
Name: LAWTON, DENNIS M
Address: 4774 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN W. CAMMARATA

MGR

03/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date