

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90109 012 ****50.00

DOCUMENT # L04000057318

1. Entity Name
JRD CONSULTING, L.L.C.



Principal Place of Business
**1232 S. HOWARD AVE., SUITE 4
TAMPA, FL 33606**

Mailing Address
**1232 S. HOWARD AVE., SUITE 4
TAMPA, FL 33606**

20046989



2. Principal Place of Business

1514 1/2 E. 8th St.

3. Mailing Address

1514 1/2 E. 8th St.

Suite, Apt. #, etc.
2nd Floor

Suite, Apt. #, etc.
2nd Floor

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33605

Country
Hillsborough

Zip
33605

Country
Hillsborough

04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1469487

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNCAN, JAMES R
1232 S. HOWARD AVE., SUITE 4
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name **James R. Duncan**

Street Address (P.O. Box Number is Not Acceptable)

1514 1/2 E. 8th St., 2nd Floor

City **Tampa**

FL

Zip Code **33605**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/06

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DUNCAN, JAMES R
1232 S. HOWARD AVE., SUITE 4
TAMPA, FL 33606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
James R. Duncan
1514 1/2 E. 8th St., 2nd Floor
Tampa, FL 33605** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

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CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/06

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DOCUMENT # L04000057318		
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Principal Place of Business 1232 S. HOWARD AVE., SUITE 4 TAMPA, FL 33606	Mailing Address 1232 S. HOWARD AVE., SUITE 4 TAMPA, FL 33606
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2. Principal Place of Business 1514 1/2 E. 8th St.		3. Mailing Address 1514 1/2 E. 8th St.	
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. 2nd Floor	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33605	Country Hillsborough	Zip 33605	Country Hillsborough

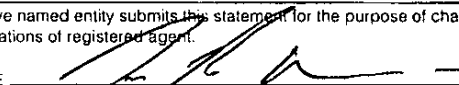
04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1469487	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNCAN, JAMES R 1232 S. HOWARD AVE., SUITE 4 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name James R. Duncan Street Address (P.O. Box Number is Not Acceptable) 1514 1/2 E. 8th St., 2nd Floor City Tampa FL Zip Code 33605	
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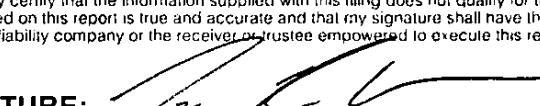
SIGNATURE  DATE 5/1/06

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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNCAN, JAMES R 1232 S. HOWARD AVE., SUITE 4 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James R. Duncan 1514 1/2 E. 8th St., 2nd Floor Tampa, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  DATE 5/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT

20046989