

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060092

Entity Name: JDT PROPERTIES, LLC

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

855 E. EAU GALLIE BLVD
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

236 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 20-1503383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLACE, JAMES H
FALLACE & LARKIN, L.C.
1900 S. HICKORY STREET, SUITE A
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DWIGHT, TIMOTHY J
Address: 855 E. EAU GALLIE BLVD
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM () Delete
Name: DWIGHT, DEBORAH
Address: 1950 S ACADEMY DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: DWIGHT, JAMES
Address: 1950 S ACADEMY DRIVE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY J. DWIGHT

MGRM

02/07/2009

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