


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90025 044 \*\*\*\*50.00

<b>DOCUMENT # L04000061226</b>	
1. Entity Name <b>JDL ENTERPRISES, LLC</b>	

Principal Place of Business <b>2773 CARMEL CT KISSIMMEE, FL 34746 US</b>	Mailing Address <b>2773 CARMEL CT KISSIMMEE, FL 34746 US</b>
---	---

**20038107**



2. Principal Place of Business <b>605 Canne Place</b> Suite, Apt. #, etc.	3. Mailing Address <b>605 Canne Place</b> Suite, Apt. #, etc.
---	---

03292005 Chg-LLC CR2E083 (10/03)

City & State <b>Celebration, FL</b>	City & State <b>Celebration, FL</b>
Zip <b>34747</b>	Country <b>USA</b>

4. FEI Number <b>32-0124731</b>	Applied For <input type="checkbox"/> 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 <b>LANDIN, DAVID 2773 CARMEL CT KISSIMMEE, FL 34746</b>	
--	--

7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>605 Canne Place</b> City <b>Celebration</b> <b>FL</b> Zip Code <b>34747</b>	
--	--

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 <b>X David Landin</b> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>4/10/05</b> (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LANDIN, DAVID 2773 CARMEL CT KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>605 Canne Place Celebration, FL 34747</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MAIORANA-LANDIN, JUDITH 2773 CARMEL CT KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>605 Canne Place Celebration, FL 34747</b> <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
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

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: <b>X David Landin</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <b>4/10/05</b> Date Daytime Phone #