

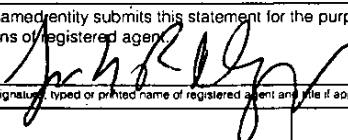
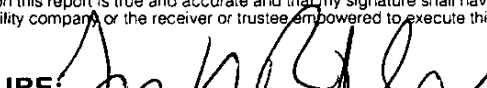


FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90026 039 ***50.00

DOCUMENT # L04000077050				Secretary of State	
1. Entity Name JRD INVESTORS II, LLC				04-05-2007 90026 039 *****50.00	
Principal Place of Business 4559 PINEHURST GREEN COURT ESTERO, FL 33928		Mailing Address 4559 PINEHURST GREEN COURT ESTERO, FL 33928		60032462	
2. Principal Place of Business - No P.O. Box # 6680 MOSSY GLEN DRIVE		3. Mailing Address 6680 MOSSY GLEN DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282007 Chg-LLC CR2E083 (12/06)	
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 20-1789528	
Zip 33908		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DRAGO, JOSEPH R 4559 PINEHURST GREEN COURT ESTERO, FL 33928				Name DRAGO, Joseph R.	
				Street Address (P.O. Box Number is Not Acceptable) 6680 MOSSY GLEN DRIVE	
				City FORT MYERS	
				FL Zip Code 33908	
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  DATE 4/2/07					
Filing Fee is \$50.00 Due by May 1, 2007					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRAGO, JOSEPH R 4559 PINEHURST GREEN COURT ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRAGO, Joseph R 6680 MOSSY GLEN DRIVE FORT MYERS, FL 33908	<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
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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 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  DATE 4/2/07 239					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					