2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 08, 2005 8:00 am Secretary of State **DOCUMENT # L04000087669** 04-08-2005 90277 022 ****50.00 1. Entity Name JDR HOMES, LLC Principal Place of Business Mailing Address 904 RIDGEWOOD LANE 904 RIDGEWOOD LANE ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 3737020 // --Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RADFORD, JON D 904 RIDGEWOOD LANE Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE, FL 32086 City Zip Code 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. Lam familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Delete ☐ Change Addition NAME . RADFORD, JON D NAME 904 Ridgewood Lane STREET ADDRESS 9047 RIDGEWOOD LANE STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32086 CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED