

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90364 036 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                              |                                                                               |                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000087766</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                              |                                                                               |         |  |
| 1. Entity Name<br><b>JDE DEVELOPMENT LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                              |                                                                               |                                                                                          |  |
| Principal Place of Business<br><b>16860 SW 1ST STREET<br/>PEMBROKE PINES, FL 33027 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                              | Mailing Address<br><b>16860 SW 1ST STREET<br/>PEMBROKE PINES, FL 33027 US</b> |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                              | 3. Mailing Address                                                            |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                                              | Suite, Apt. #, etc.                                                           |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                              | City & State                                                                  |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                     | Zip                                                          | Country                                                                       | 4. FEI Number<br><b>20-2202403</b>                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                              |                                                                               | Applied For<br>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                                   |                                                                                          |  |
| <b>QUINTERO, JESUS<br/>16860 SW 1ST STREET<br/>PEMBROKE PINES, FL 33027</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                              | Name                                                                          |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                              | Street Address (P.O. Box Number is Not Acceptable)                            |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                              | City                                                                          |                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                              | FL 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                              |                                                                               |                                                                                          |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and one if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                              |                                                                               |                                                                                          |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             | <b>Make check payable to<br/>Florida Department of State</b> |                                                                               |                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                              | 10. ADDITIONS/CHANGES                                                         |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>QUINTERO, JESUS<br>16860 SW 1ST STREET<br>PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete  |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>QUINTERO, EVELYN<br>16860 SW 1ST STREET<br>PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                             |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                             |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                             |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                             |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                              | Jesus M. Quintero 4/27/05 (305) 450-5722                                      |                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                              | Date Daytime Phone #                                                          |                                                                                          |  |

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