

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90370 045 ****50.00

DOCUMENT # L04000088370

1. Entity Name
TJDBON LIMITED LIABILITY COMPANY



Principal Place of Business
**2077 PAINTED PALM DR.
 NAPLES, FL 34119 US**

Mailing Address
**12370 ROCKHAVEN ROAD
 CHESTERLAND, OH 44026 US**

2. Principal Place of Business - No P.O. Box #
7363 MONTEVERDE WAY

3. Mailing Address
 Suite, Apt. #, etc.

City & State
NAPLES, FLA

City & State

Zip
34119

Country
U.S.A.

Zip
 Country



02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2492121

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD
 SUITE 101
 TALLAHASSEE, FL 32301-2980**

7. Name and Address of New Registered Agent

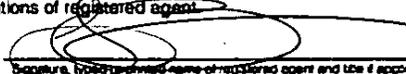
Name
FRANK PETRAS

Street Address (P.O. Box Number is Not Acceptable)
3255 TAMiami TRAIL NORTH

City
NAPLES

FL Zip Code
34103

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  (NOTE: Registered Agent signature required when reinstating)

DATE **2/1/07**

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	DE MARCO, THOMAS	12370 ROCKHAVEN ROAD	CHESTERLAND, OH 44026	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **2/10/07** **440-285-2444**

DATE Daytime Phone #