2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088804 1. Entity Name JND LLC



FILED Jan 25, 2006 08:00 AM Secretary of State

Principal Place of Business

801 UNO LAGO DRIVE UNIT 304, BUILDING 100 IUNO BEACH, FL 33408

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mailing Address

10128 HIGH HILL COURT GREAT FALLS, VA 22066



DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAX OC. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of chanions of registered agent.	nging its registere	d office or registered agent, or bo	in, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registeres agent and tide if explicable	(NOTE: Registered	Agent signature required when reinstating)		DATE
FI	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONAHUE, JAYNE N 10128 HIGH HILL CT GREAT FALLS, VA 22068			l (Corrected of C	u 905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>.</i> :			82/02/06-80	11282 1037-020 50.00
INTLE NAME STREET ADDRESS CITY-ST-ZIP	i		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	: :				
TITLE NAME					

SIGNATURE: Jugne 2. Donahue

^{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.