

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000025465

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** SDI OF JTB, LLC

**Current Principal Place of Business:**

5080 BUTLER POINT RD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

3583 SHADY WOODS ST. E  
JACKSONVILLE, FL 32224

**New Mailing Address:**

PO BOX 50436  
JACKSONVILLE, FL 32240

**FEI Number:** 20-2460004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEDELL, JAMES T MM  
3583 SHADY WOODS ST. E  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

BEDELL, JAMES T MM  
5080 BUTLER POINT ROAD  
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: JAMES BEDELL

04/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BEDELL, JAMES  
Address: PO BOX 50436  
City-St-Zip: JACKSONVILLE, FL 32240

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES T. BEDELL

MM

04/14/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date