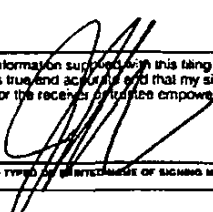


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-03-2006 90037 032 ****50.00

DOCUMENT # L05000041170					
1. Entity Name JUD, LLC					
Principal Place of Business 4652 GULFSTAR DRIVE DESTIN, FL 32541			Mailing Address 4652 GULFSTAR DRIVE DESTIN, FL 32541		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		City & State	
Zip		Country		City & State	
6. Name and Address of Current Registered Agent ODOM, JAY A 4652 GULFSTAR DRIVE DESTIN, FL 32541				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when requesting)					
Filing Fee is \$50.00 Due by May 1, 2008				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete	
Member	Fudpucker's of South	2000 A Emerald Coast	Destin, FL 32541	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete	
Managing	Jay Odom	4652 Gulfstar Drive	Destin, FL 32541	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete	
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete	
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete	
				☐ Delete	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
11. I hereby certify that the information supplied on 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 registered office authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Jay A. Odom		4-4-06 (850) 654-4126	
SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Deputy Phone #	

30011160



01182008 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2744180** Applied For ☐ Not Applicable ☒

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