


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90205 003 ****50.00

DOCUMENT # L05000055337					
1. Entity Name JLD GROUP LLC					
Principal Place of Business 3907 HENDERSON BLVD. 200 TAMPA, FL 33629 US			Mailing Address 3907 HENDERSON BLVD. 200 TAMPA, FL 33629 US		
2. Principal Place of Business 1800 S McCALL RD Suite, Apt. #, etc.		3. Mailing Address 332 WOODVALE DR. Suite, Apt. #, etc.			
City & State ENGLEWOOD, FLORIDA Zip 34223 Country CHARLOTTE		City & State VENICE, FLORIDA Zip 34293 Country SARASOTA		4. FEI Number 34-2046219 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01152006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent LOWE, FREDERICK T 3907 HENDERSON BLVD. 200 TAMPA, FL 33629			7. Name and Address of New Registered Agent Name JULIO C. DIAZ Street Address (P.O. Box Number is Not Acceptable) 332 WOODVALE DR. City VENICE FL Zip Code 34293		
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 <u>[Signature]</u> DATE 3/9/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, JULIO C C/O 3907 HENDERSON BLVD. #200 TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, JULIO C. 332 WOODVALE DR. VENICE, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, LILIANA S C/O 3907 HENDERSON BLVD. #200 TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, LILIANA S. 332 WOODVALE DR. VENICE, FLORIDA 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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 606, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/9/06 (977) 806-1909 <small>Date Office Phone #</small>		