

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067247

Entity Name: J.D.P. LAND HOLDINGS, LLC

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

2237 US 27 SOUTH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

2237 US 27 SOUTH
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-3120092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOBOZZO, JAMES V JR.
230 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

SOSS, MARC J
401 E. JACKSON STREET
SUITE 1700
TAMPA, FL 33602 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: MARC J. SOSS

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIRACUSE, JOAN E
Address: 2237 US 27 SOUTH
City-St-Zip: SEBRING, FL 33870

Title: MGRM () Delete
Name: PARNASSA, DANIEL T
Address: 2237 US 27 SOUTH
City-St-Zip: SEBRING, FL 33870

Title: MGRM () Delete
Name: BENNETT, JENNIFER L
Address: 2237 US 27 SOUTH
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOAN E. SIRACUSE MD

MGRM

01/15/2008

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