2007 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

ANNUAL REPORT FILED **DOCUMENT # L05000075732** 1. Entity Name JDG REALTY MANAGEMENT, LLC 2007 APR 25 AM 10: 39 Principal Place of Business Mailing Address SECRETARY OF STATE 11968 N. FLORIDA AVENUE 11968 N. FLORIDA AVENUE TALLAHASSEE, FLORIDA TAMPA, FL 33612 TAMPA, FL 33612 CR2E083 (11/05) 01302007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired M Fee Required 6. Name and Address of Current Registered Agent DIGERLANDO, JOSEPH DO NOT WRITE 11968 N FLORIDA AVENUE TAMPA, FL 33612 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable **400099066334** 04/27/07--01005--004 **1895.00 Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DIGERLANDO, JOSEPH NAME STREET ADDRESS 11968 N FLORIDA AVE CITY-ST-ZIP **TAMPA, FL 33612** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS

MERLANDO 4/4/ SIGNATURE:

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.