

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

07-21-2006 90083 011 ****55.00
04-20-2006 90024 015 ****50.00

DOCUMENT # L05000082575 1. Entity Name J.T.D. ENTERPRISES LLC					
Principal Place of Business 7757 N.E. SUNCOAST DRIVE N. FT. MYERS, FL 33917			Mailing Address 7757 N.E. SUNCOAST DRIVE N. FT. MYERS, FL 33917		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1259804	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DUNN, JOHN 7757 N.E. SUNCOAST DRIVE N. FT. MYERS, FL 33917			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 DUNN, JOHN 7757 N.E. SUNCOAST DRIVE N. FT. MYERS, FL 33917	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.					
SIGNATURE <i>X John Dunn</i>		7-18-06		5414254	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

30012939



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