


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90045 002 ****50.00

DOCUMENT # L05000084002		
1. Entity Name JSD, LLC		

Principal Place of Business 945 WAGNER PLACE FT. PIERCE, FL 34982	Mailing Address 945 WAGNER PLACE FT. PIERCE, FL 34982
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2. Principal Place of Business - No P.O. Box # 315 Ave A	3. Mailing Address PO Box 3688
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Pierce FL	City & State Fort Pierce FL
Zip 34950	Zip 34948
Country USA	Country USA

01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0010985	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FOX ROTHSCHILD LLP 250 AUSTRALIAN AVE. SOUTH, SUITE 1100 WEST PALM BEACH, FL 33401	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRIPPEN, STANDISH C <input checked="" type="checkbox"/> Delete 945 WAGNER PLACE FT. PIERCE, FL 34982	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNT, DONALD J <input type="checkbox"/> Delete 945 WAGNER PLACE FT. PIERCE, FL 34982	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Hunt, Donald J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 3688 Fort Pierce FL 34948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRIPPEN, SCOTT S <input checked="" type="checkbox"/> Delete 945 WAGNER PLACE FT. PIERCE, FL 34982	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Mgrm Hunt, Linda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 3688 Fort Pierce FL 34948
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
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 608, Florida Statutes.

SIGNATURE: JADE A. GLOSCHMIDT **4-25-07** **772-595-0500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #