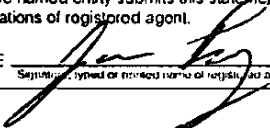


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-26-2007 90081 001 ****10.00
02-16-2007 90180 024 ****40.00

DOCUMENT # L05000107063					
1. Entity Name J & D REAL ESTATE, LLC					
Principal Place of Business 13215 MARIA AVENUE CLERMONT FL 34711			Mailing Address 13215 MARIA AVENUE CLERMONT FL 34711		
2. Principal Place of Business - No P.O. Box # 9250 W Hwy 192		3. Mailing Address 16705 Bay Club Dr			
Suite, Apt. #, etc. Ste 105		Suite, Apt. #, etc. CLERMONT FL			
City & State CLERMONT FL		City & State CLERMONT FL		4. FEI Number 86-1150305	
Zip 34714		Country Lake		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
Zip 34711		Country Lake		6. Name and Address of Current Registered Agent	
PENNY, JON 13215 MARIA AVENUE CLERMONT FL 34711					
7. Name and Address of New Registered Agent					
16705 Bay Club Dr CLERMONT FL 34711					
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 				DATE 1-20-07	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM PENNY, JON 13215 MARIA AVENUE CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☒ Change ☐ Addition 16705 Bay Club Dr CLERMONT FL 34711	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	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 Section 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: 				DATE 1-20-07 407-877-6153	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					