


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90035 002 ****50.00

DOCUMENT # L05000109406 1. Entity Name J. D. ERIKSEN PROPERTIES, LLC					
Principal Place of Business 2211 41ST ST WEST BRADENTON, FL 34205 US			Mailing Address 2211 41ST ST WEST BRADENTON, FL 34205 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3788555	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ERIKSEN, JONATHAN D 2211 41ST STREET WEST BRADENTON, FL 34205				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERIKSEN, JONATHAN D		NAME		
STREET ADDRESS	2211 41ST ST W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERIKSEN, BETH L		NAME		
STREET ADDRESS	2211 41ST ST W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERIKSEN, JESSE D		NAME		
STREET ADDRESS	2211 41ST ST W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERIKSEN, JOSHUA D		NAME		
STREET ADDRESS	3308 19TH AVE WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Beth L. Eriksen</u> Beth L. Eriksen <u>5/2/06</u> <u>941-807-2758</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					