

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90192 010 \*\*\*\*50.00

**DOCUMENT # L05000113666**

1. Entity Name  
JDF INVESTMENT, LLC



Principal Place of Business  
2275 S. FEDERAL HIGHWAY  
SUITE 340  
DELRAY BEACH, FL 33483

Mailing Address  
2275 S. FEDERAL HIGHWAY  
SUITE 340  
DELRAY BEACH, FL 33483

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

#270

02062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
80-0270320

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREDERICKSON, JEREMY  
867 SW 9TH TERRACE  
BOCA RATON, FL 33486

Name Jeremy Fredrickson

Street Address (P.O. Box Number is Not Acceptable)

232 SE 7th Avenue

City Delray Beach FL Zip Code 33483

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.

(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  
FREDERICKSON, JEREMY  
867 SW 9TH TERRACE  
BOCA RATON, FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #