


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90071 014 ***138.75

DOCUMENT # L06000037542		
1. Entity Name JDS ENTERPRISES LLC		

60019337



Principal Place of Business 8695 COLLEGE PKWY STE 107 FORT MYERS, FL 33919		Mailing Address 8695 COLLEGE PKWY STE 107 FORT MYERS, FL 33919	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 310 EIGHTH AVEN. Suite, Apt. #, etc.	
City & State Zip		City & State LEHIGH ACRES, FL Zip 33936	
Country		Country USA	

03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KRUCKER, JASON 8695 COLLEGE PKWY STE 107 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name KENNETH BENTLEY Street Address (P.O. Box Number is Not Acceptable) 310 EIGHTH AVE. N. City LEHIGH ACRES FL Zip Code 33936	
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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] DATE 31 MARCH '08
Signature, typed or printed name of registered agent and title is acceptable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRUCKER, JASON 1350 MISTY PINES CIR. UNIT E206 NAPLES, FL 341052545 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME AS ABOVE ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUSSMANN, DANIEL 8695 COLLEGE PKWY STE 107 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENTLEY, KENNETH 1350 MISTY PINES CIR. UNIT E206 NAPLES, FL 341052545 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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: [Signature] DATE 31 MARCH 08 DAYTIME PHONE # 239-844-8219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE