

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90191 031 \*\*\*\*50.00

<b>DOCUMENT # L06000039652</b>					
<b>1. Entity Name</b> JD PROFESSIONAL SERVICES, LLC					
<b>Principal Place of Business</b> 9924 BALAYE RUN DRIVE 202 TAMPA, FL 33619 US			<b>Mailing Address</b> 9924 BALAYE RUN DRIVE 202 TAMPA, FL 33619 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 13706 SANFORD Hill PI		<b>3. Mailing Address</b> 13716 SANFORD Hill PI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> RIVERVIEW, FL		<b>City &amp; State</b> RIVERVIEW, FL		<b>4. FEI Number</b> 94-1687665	
<b>Zip</b> 33569		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				02032007 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  WHITE, CELESTE E 5811 BANDERA SPRINGS CIRCLE RIVERVIEW, FL 33569			<b>7. Name and Address of New Registered Agent</b> Name: Celeste E. White Street Address (P.O. Box Number is Not Acceptable): 13706 SANFORD Hill PI City: RIVERVIEW FL Zip Code: 33569		
<b>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.</b>					
<b>SIGNATURE</b> <i>C. Priscilla</i> (PRISCILLA CALVIN)				<b>DATE</b> 2/5/07	
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM CALVIN, PRISCILLA MS. 9924 BALAYE RUN DRIVE TAMPA, FL 33619	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM CALVIN, PRISCILLA MS. 13716 SANFORD Hill PI RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR WRAY, RICHARD 5811 BANDERA SPRINGS CIRCLE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR WRAY, RICHARD 13706 SANFORD Hill PI RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <i>C. Priscilla</i> (PRISCILLA CALVIN)				<b>DATE</b> 2/5/07 <b>Daytime Phone #</b> (813)9574698	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					