2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2008 8:00 am Secretary of State

954-252-6284

Daytime Phone #



DOCUMENT # L06000065155 04-30-2008 90020 004 ***138.75 JDT PROPERTY HOLDINGS, LLC Principal Place of Business Mailing Address 12277 SW 55TH STREET 12277 SW 55TH STREET 50005147 SUITE 906 **SUITE 906** COOPER CITY, FL 33330 COOPER CITY, FL 33330 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072008 CR2E083 (12/06) Cha-LLC City & State City & State 4. FEI Number Applied For ZG-1199995 APPLIED. Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LERMAN, CARLOS D Street Address (P.O. Box Number is Not Acceptable) 2611 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 City Zip Code 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR □ Delete TITLE Change Addition TITLE DUKE, JR, GERALD W MGR NAME NAME 12277 SW 55TH STREET STE 906 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33330 CITY-ST-ZIP **X** Addition ☐ Delete TITLE ☐ Change TITLE Terrell W Duke , JR NAME NAME 12277 SW 55 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \square Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z(P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 due 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.

IERREII W Duke

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