2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L06000079732

Entity Name: LJNDTS LLC

Current Principal Place of Business:

1203 W. MARION AVENUE
PUNTA GORDA, FL 33950

New Principal Place of Business:

26060 SEMINOLE LAKES BLVD
PUNTA GORDA, FL 33955

Current Mailing Address:

C/O DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

26060 SEMINOLE LAKES BLVD
PUNTA GORDA, FL 33955

FEI Number: 20-5635536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLMES, DAVID A
FARR, FARR, EMERICH, HACKETT & CARR, P.A.
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

SANDLES, JOAN E
26060 SEMINOLE LAKES BLVD
PUNTA GORDA, FL 33955 US

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.

SIGNATURE: JOAN E. SANDLES 04/29/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SANDLES, LARRY J
Address: 26060 SEMINOLE LAKES BLVD
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: MGR ( ) Change (X) Addition
Name: SANDLES, JOAN E
Address: 26060 SEMINOLE LAKES BLVD
City-St-Zip: PUNTA GORDA, FL 33955 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOAN E. SANDLES MGR 04/29/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date