

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90031 038 ****50.00

DOCUMENT # L06000119129

1. Entity Name
JGD PROPERTIES, LLC



60054108



Principal Place of Business
3024 NE 2ND TERRACE
WILTON MANORS, FL 33334 US

Mailing Address
3024 NE 2ND TERRACE
WILTON MANORS, FL 33334 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

51-0616357

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

DUDZEK, GREGORY
3024 NE 2ND TERRACE
WILTON MANORS, FL 33334

Name

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

City

FL

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)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DUDZEK, GREGORY
STREET ADDRESS 3024 NE 2ND TERRACE
CITY-ST-ZIP WILTON MANORS, FL 33334

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

TITLE MGRM ☐ Delete
NAME GOYLE, JAYANT
STREET ADDRESS 3024 NE 2ND TERRACE
CITY-ST-ZIP WILTON MANORS, FL 33334

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

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 #

GREGORY DUDZEK 7/31/07 9545664196