

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000031640

FILED
Mar 20, 2009
Secretary of State**Entity Name:** JDS VENTURES, LLC**Current Principal Place of Business:**1220 10TH STREET
SUITE B
LAKE PARK, FL 33403 US**New Principal Place of Business:****Current Mailing Address:**1220 10TH STREET
SUITE B
LAKE PARK, FL 33403 US**New Mailing Address:****FEI Number:** 20-8695233**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33403 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: LANE, MARCIA C
Address: 1220 10TH STREET, SUITE B
City-St-Zip: LAKE PARK, FL 33403 USTitle: MGRM () Delete
Name: PAMATAT, DARREN
Address: 1220 10TH STREET, SUITE B
City-St-Zip: LAKE PARK, FL 33403 USTitle: MGR (X) Delete
Name: PAMATAT, SCOTT
Address: 1220 10TH STREET, SUITE B
City-St-Zip: LAKE PARK, FL 33403 US**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARREN PAMATAT

MGR

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date