

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072385

Entity Name: JSD PROPERTIES, LLC

FILED  
Mar 19, 2008  
Secretary of State

**Current Principal Place of Business:**

1402 SW PENINSULA LANE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

1402 SW PENINSULA LANE  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORMAN, KENNETH A  
2400 S.E. FEDERAL HIGHWAY, FOURTH FL  
STUART, FL 34994 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: CLARK, DALE W  
Address: 1402 SW PENINSULA LANE  
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Delete  
Name: ZARNOWIEC, SUSAN  
Address: 3151 SW LAKE TERRACE  
City-St-Zip: PALM CITY, FL 34990

Title: MGR ( ) Delete  
Name: LEY, JILL C  
Address: 11607 HERMAN ROSSER AVENUE SE  
City-St-Zip: ALBUQUERQUE, NM 87123

**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: DALE W. CLARK, JR.

MGR

03/19/2008

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