2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90136 039 ***138.75

DOCUMENT # L07000101548

1. Entity Name
JD BEANS, LLC

Principal Place of Business
211 S 4TH ST
FLAGLER BEACH, FL 32136

Mailing Address
PO BOX 1012
FLAGLER BEACH, FL 32136

02202008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
1280 Ponce deleon Blvd.
Suite, Apt. #, etc.
City & State: ST Augustine, Fl
Zip: 32086 Country: USA

3. Mailing Address
5378 4th Street
Suite, Apt. #, etc.
City & State: ST. Augustine, FL
Zip: 32080 Country: USA

4. FEI Number: 26-1218640 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVENPORT, GARY B
211 S 4TH ST
FLAGLER BEACH, FL 32136

7. Name and Address of New Registered Agent
Name: GARY B DAVENPORT
Street Address (P.O. Box Number is Not Acceptable): 5378 4th Street
City: ST. Augustine FL Zip Code: 32080

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: Gary B Davenport 2/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	MANAGER / Member ☒ Change ☐ Addition
NAME	RONALD S JUNOD COMPANY	NAME	Ronald S. Junod Company
STREET ADDRESS	211 S 4TH ST	STREET ADDRESS	160 Pantano Cay Blvd. Unit 3105
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	ST. Augustine, FL. 32080
TITLE	☐ Delete	TITLE	MANAGER / Member ☐ Change ☒ Addition
NAME		NAME	Vicki Davenport Holdings, LLC
STREET ADDRESS		STREET ADDRESS	211 S. 4th ST.
CITY-ST-ZIP		CITY-ST-ZIP	Flagler Beach, FL. 32136
TITLE	☐ Delete	TITLE	President ☐ Change ☒ Addition
NAME		NAME	Victoria L. Davenport
STREET ADDRESS		STREET ADDRESS	211 S 4th St.
CITY-ST-ZIP		CITY-ST-ZIP	Flagler Beach, FL 32136
TITLE	☐ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME		NAME	Ronald Junod
STREET ADDRESS		STREET ADDRESS	160 Pantano Cay Blvd. Unit 3105
CITY-ST-ZIP		CITY-ST-ZIP	ST. Augustine, FL. 32080
TITLE	☐ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME		NAME	Gary B. Davenport
STREET ADDRESS		STREET ADDRESS	211 S 4th ST.
CITY-ST-ZIP		CITY-ST-ZIP	Flagler Beach, FL 32136
TITLE	☐ Delete	TITLE	Sec / Treasurer. ☐ Change ☐ Addition
NAME		NAME	Susan Junod
STREET ADDRESS		STREET ADDRESS	160 Pantano Cay Blvd. Unit 3105
CITY-ST-ZIP		CITY-ST-ZIP	ST. Augustine, Fl. 32080

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: 2/21/08 386/439-6892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #