


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

2. Principal Place of Business - No P.O. Box #
 1280 Ponce deleon Blvd.

3. Mailing Address
 5378 4th Street

Suite, Apt. #, etc.

City & State
 ST Augustine, FL

City & State
 ST. Augustine, FL

Zip
 32086

Country
 USA

Zip
 32080

Country
 USA

02202008 Chg-LLC CR2E083 (12/06)

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* DATE 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	
TITLE MGR	<input type="checkbox"/> Delete
NAME RONALD S JUNOD COMPANY	
STREET ADDRESS 211 S 4TH ST	
CITY-ST-ZIP FLAGLER BEACH, FL 32136	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MANAGER / member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RONALD S. JUNOD COMPANY	
STREET ADDRESS 160 PANTANO CAY BLVD. UNIT 3105	
CITY-ST-ZIP ST. AUGUSTINE, FL. 32080	
TITLE MANAGER / member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VICKI DAVENPORT HOLDINGS, LLC	
STREET ADDRESS 211 S. 4 th ST.	
CITY-ST-ZIP FLAGLER BEACH, FL. 32136	
TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VICTORIA L. DAVENPORT	
STREET ADDRESS 211 S 4 th ST.	
CITY-ST-ZIP FLAGLER BEACH, FL 32136	
TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RONALD JUNOD	
STREET ADDRESS 160 PANTANO CAY BLVD. UNIT 3105	
CITY-ST-ZIP ST. AUGUSTINE, FL. 32080	
TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GARY B. DAVENPORT	
STREET ADDRESS 211 S 4 th ST.	
CITY-ST-ZIP FLAGLER BEACH, FL 32136	
TITLE Sec / TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUSAN JUNOD	
STREET ADDRESS 160 PANTANO CAY BLVD. UNIT 3105	
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 *Gary B Davenport* DATE 2/21/08 386/439-6892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #