

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90227 044 \*\*\*138.75

<b>DOCUMENT # L07000111771</b> 1. Entity Name <b>JDS ENTERPRISES OF ORLANDO, LLC</b>					
Principal Place of Business <b>2611 TECHNOLOGY DRIVE ORLANDO, FL 32804</b>			Mailing Address <b>2611 TECHNOLOGY DRIVE ORLANDO, FL 32804</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>SUITE 210</b> City & State			3. Mailing Address Suite, Apt. #, etc. <b>SUITE 210</b> City & State		
Zip 		Country		4. FEI Number <b>26-1366130</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>F&amp;L CORP ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ (NOTE: Registered Agent signature required when reappointing)					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <input type="checkbox"/> Delete <b>JEFFREY J. VRATANINA</b> <b>2611 TECHNOLOGY DRIVE, STE 210</b> <b>ORLANDO, FL 32804</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CO-MANAGING MEMBER</b> <input type="checkbox"/> Delete <b>DOUGLAS F. LONG</b> <b>2611 TECHNOLOGY DRIVE, STE 210</b> <b>ORLANDO, FL 32804</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBERX Manager</b> <input type="checkbox"/> Delete <b>SEAN BROGAN</b> <b>2611 TECHNOLOGY DRIVE, STE 210</b> <b>ORLANDO, FL 32804</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Jeff Vratana</i>			<b>JEFFREY VRATANINA</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>02/28/08</b> 407-578-1121		