


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L07000111771**

1. Entity Name  
**JDS ENTERPRISES OF ORLANDO, LLC**



Principal Place of Business  
**2611 TECHNOLOGY DRIVE  
 ORLANDO, FL 32804**

Mailing Address  
**2611 TECHNOLOGY DRIVE  
 ORLANDO, FL 32804**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
**SUITE 210**  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
**SUITE 210**  
 City & State

02262008 Chg-LLC CR2E083 (12/06)



Zip Country Zip Country

4. FEI Number  
**26-1366130**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**F&L CORP  
 ONE INDEPENDENT DRIVE, SUITE 1300  
 JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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 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	<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	<b>MEMBER 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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Jeff Vratana **JEFFREY VRATANINA** 02/28/08 407-578-1121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #