

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90230 008 ***143.75

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03192008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000120460 1. Entity Name JDJ CYBER CENTERS, LLC			
Principal Place of Business 1220 BILTMAC LANE BARNVILLE, SC 39944		Mailing Address 1220 BILTMAC LANE BARNVILLE, SC 39944	
2. Principal Place of Business - No P.O. Box # 1220 Biltmac Lane		3. Mailing Address 1220 Biltmac Lane	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Varnville, SC		City & State Varnville, SC	
Zip 39944		Zip 39944	
Country USA		Country USA	
4. FEI Number 41-2273333		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHIS & MURPHY, P.A. 50 NORTH LAURA STREET SUITE 1700 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILTON, WILLIAM DANIEL JR 1220 BILTMAC LANE BARNVILLE, SC 39944	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bilton, William Daniel Jr. 1220 Biltmac Lane Varnville, SC 39944
Delete <input type="checkbox"/>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>W.D. Bilton Jr.</i>		WILLIAM DANIEL BILTON JR. 3-28-08 843-384-7693	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	