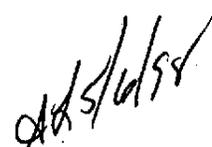


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 98 MAY -5 AM 9:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company  JJDR, L.C. 2910 TIDE CT DELTONA FL 32738		<b>DOCUMENT #</b> L95000000725			
2. Principal Place of Business Suite 313 Dickson D. L Debarry Florida 32713 Valouisa		2a. Mailing Address <del>Debarry</del> Suite, Apt. #, etc.		3. Date Organized or Qualified 10/01/1995	
City & State Debarry Florida		City & State		3a. State of Formation FL	
Zip 32713		Country Valouisa		4. FEI Number 59-3459917 NOT APPLICABLE	
7. Name and Address of Current Registered Agent  RIVIECCIO, RITA E 2910 TIDE CT DELTONA FL 32738		5. Date of Last Report 04/18/1997			
6. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	RIVIECCIO, RITA E	2910 TIDE CT		DELTONA FL	
				400002521454-1 -05/13/98--01016--024 ****188.75 ****188.75	
					

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Rita Rivieccio Rita Rivieccio 4/29/98 9047899555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #