


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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		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		DOCUMENT #		L95000000725	
JJDR, L.C. 2910 TIDE CT DELTONA FL 32738		1a. Principal Place of Business Address		2910 TIDE CT DELTONA FL 32738	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
313 Dickson D. Suite, Apt. #, etc. L		Debarry Suite, Apt. #, etc.		10/01/1995	
City & State Debarry Florida		City & State		4. FEI Number 59-3459917 NOT APPLICABLE	
Zip 32713		Country Valencia		5. Date of Last Report 04/18/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
RIVIECCIO, RITA E 2910 TIDE CT DELTONA FL 32738		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		6. Certificate of Status Desired SB 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 reinstalling)</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 9/5/98	

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 9047893555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #