



LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 26 PM 5:00 TREASURY OF STATE	
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		1a. Principal Place of Business Address	
JJDR, L.C. 313 DIRKSON D. SUITE L DEBARY FL 32713				313 DIRKSON D. SUITE L DEBARY FL 32713	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/01/1995	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3459917	
Country		Country		5. Date of Last Report	
				05/05/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
RIVIECCIO, RITA E 2910 TIDE CT DELTONA FL 32738		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL			
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.		400002860754-020 05/03/99-01131-020 ****188.75 ****188.75			
SIGNATURE		DATE			
10. Title		Managing Members/Managers		Business Street Address	
MGR		RIVIECCIO, RITA E		2910 TIDE CT	
				City, State and Zip Code	
				DELTONA FL	
					
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 E Rivieccio (Sec)		4/22/99 407-6685228	