

FILED
May 22, 2008 8:00 am
Secretary of State

04-22-2008 90097 035 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L98000003229

1. Entity Name
JBD FAMILY PARTNERSHIP, L.C.



Principal Place of Business
1861 PLACIDA ROAD, SUITE 201
ENGLEWOOD, FL 34223

Mailing Address
1861 PLACIDA ROAD, SUITE 201
ENGLEWOOD, FL 34223

30007183



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0881214

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~MANORVILLE, FL 32002~~ Sharon Barco
~~2000 SOUTH MOBILE RD~~ 1861 Placida Rd
ENGLEWOOD, FL ~~32002~~ Suite 201
34223

**DO NOT WRITE
IN THIS SPACE**

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 Sharon K. Barco

5/20/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
EDGERTON, JERRY A
1861 PLACIDA ROAD, SUITE 201
ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: Barbara B. Edgerton

Sharon Barco
4-8-08 941-475-5461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #