


**File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAY -3 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

**1. Name and Mailing Address of Limited Liability Company**      **DOCUMENT # L98000003230**

JBD FAMILY PARTNERSHIP II, L.C.  
 1861 PLACIDA ROAD, SUITE 204  
 ENGLEWOOD FL 34223

**1a. Principal Place of Business Address**

1861 PLACIDA ROAD, SUITE 204  
 ENGLEWOOD FL 34223

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b>	<b>3a. State of Formation</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/17/1998	FL
City & State		City & State		<b>4. FEI Number</b>	<input type="checkbox"/> Applied For
Zip		Zip		65-0881216	<input type="checkbox"/> Not Applicable
Country		Country		<b>5. Date of Last Report</b>	<b>6. Certificate of Status Desired</b>
					\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

**7. Name and Address of Current Registered Agent**

BASTEL, C.GUY ESQ.  
 1861 PLACIDA ROAD, SUITE 204  
 ENGLEWOOD FL 34223

**8. Name and Address of New Registered Agent/Office**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code **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 of registered agent, 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 *[Signature]* DATE 4/29/99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	EDGERTON, JERRY A	1861 PLACIDA ROAD, SUITE 204	ENGLEWOOD FL

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 -05/12/99--01081--002  
 \*\*\*\*197 50 \*\*\*\*197.50

*SC 5-10-99*

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:** *[Signature]* DATE 4/2/99      703 902-6111