


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000003230
1. Entity Name
JBD FAMILY PARTNERSHIP II, L.C.



Principal Place of Business
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD, FL 34223

Mailing Address
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE



01312004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0881216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WINCKEL, DEAN H ESQ
34223-4949
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD, FL 34223-4949

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDGERTON, JERRY A 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34223
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03/08/04-80165-018 50.00

**DO NOT WRITE
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11. I 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 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: _____ **Date** 3/5/04 **Daytime Phone #** 911-475-5961

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