

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90002 035 ****55.00

DOCUMENT # L99000001258

1. Entity Name

J D FINANCIAL INVESTMENTS L.L.C.



Principal Place of Business

26920 MONTAGO POINTE CT
#101
BONITA SPRINGS FL 34134

Mailing Address

26920 MONTAGO POINTE CT
#101
BONITA SPRINGS FL 34134

2. Principal Place of Business

10016 ORCHID RIDGE LANE

3. Mailing Address

10016 ORCHID RIDGE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL.

City & State

BONITA SPRINGS

Zip

34135

Country

LEE

Zip

34135

Country

LEE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3567433

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JENSEN, DONALD R
26920 MONTEGO POINTE CT #101
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name JENSEN, DONALD R.

Street Address (P.O. Box Number is Not Acceptable)

10016 ORCHID RIDGE LANE

BONITA SPRINGS

FL

Zip Code 34135

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

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

Donald R. Jensen

(NOTE: Registered Agent signature required when reinstating)

2-20-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | JENSEN, DONALD R | |
| STREET ADDRESS | 26920 MONTEGO POINTE CT #101 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | JENSEN, JEAN A | |
| STREET ADDRESS | 26920 MONTEGO POINTE CT #101 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 10016 ORCHID RIDGE LANE |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 10016 ORCHID RIDGE LANE |
| CITY-ST-ZIP | BONITA SPRINGS, FL. 34135 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

Donald R. Jensen

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

2-20-03

Date

Daytime Phone #

239.992.0078

CR2E083 (10/02)