

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000005751**

1. Entity Name  
J.P. McDONALD HOLDINGS, L.L.C.



Principal Place of Business  
358 FOX HILL DRIVE  
DEBARRY, FL 32713

Mailing Address  
358 FOX HILL DRIVE  
DEBARRY, FL 32713

**DO NOT WRITE IN THIS SPACE**

02262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3630380

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

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

MCDONALD, JACK  
358 FOX HILL DRIVE  
DEBARRY, FL 32713

**DO NOT WRITE  
IN THIS SPACE**

7. 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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**8. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MCDONALD, JACK  
358 FOX HILL DRIVE  
DEBARRY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MCDONALD, PATRICIA  
358 FOX HILL DRIVE  
DEBARRY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000250442  
03/04/05-80009-013 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*PATRICIA McDONALD*  
*Patricia McDonald*

*2/25/05*

*386-775-6763*

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

Date

Daytime Phone #