

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005751

Entity Name: J.P. MCDONALD HOLDINGS, L.L.C.

FILED  
Feb 28, 2009  
Secretary of State

## Current Principal Place of Business:

358 FOX HILL DRIVE  
DEBARRY, FL 32713

## New Principal Place of Business:

## Current Mailing Address:

358 FOX HILL DRIVE  
DEBARRY, FL 32713

## New Mailing Address:

358 FOX HILL DRIVE  
DEBARRY, FL 32713

FEI Number: 59-3630380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDONALD, JACK  
358 FOX HILL DRIVE  
DEBARRY, FL 32713 US

## Name and Address of New Registered Agent:

MCDONALD, JACK  
358 FOX HILL DRIVE  
DEBARRY, FL 32713 US

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.

SIGNATURE:

02/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MCDONALD, JACK  
Address: 358 FOX HILL DRIVE  
City-St-Zip: DEBARRY, FL

Title: MGRM ( ) Delete  
Name: MCDONALD, PATRICIA  
Address: 358 FOX HILL DRIVE  
City-St-Zip: DEBARRY, FL

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MCDONALD, JACK  
Address: 358 FOX HILL DRIVE  
City-St-Zip: DEBARRY, FL

Title: MGRM (X) Change ( ) Addition  
Name: MCDONALD, PATRICIA  
Address: 358 FOX HILL DRIVE  
City-St-Zip: DEBARRY, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACK MCDONALD

MGRM

02/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date