

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007105

Entity Name: J.D.P. INVESTMENTS, LLC

FILED  
Apr 05, 2006  
Secretary of State

**Current Principal Place of Business:**

1000 N. US HWY ONE  
#735  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

1000 N. US HWY ONE  
#735  
JUPITER, FL 33477

**New Mailing Address:**

FEI Number: 65-0962600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, PAUL M  
710 CLAREMORE DRIVE  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ADAMS, PAUL M  
Address: 710 CLAREMORE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Delete  
Name: COLLINS, JOHN  
Address: 18560 MISTY LAKE DR  
City-St-Zip: JUPITER, FL 33458

Title: MGRM ( ) Delete  
Name: MEZZAPELLE, DAVID  
Address: 1000 N US HWY 1 #735  
City-St-Zip: JUPITER, FL 334774453

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID MEZZAPELLE

MEMB

04/05/2006

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