

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90301 050 \*\*\*\*55.00

**DOCUMENT # L99000007788**

1. Entity Name

**JDR INVESTORS, L.L.C.**



Principal Place of Business

**2636 MELLOW LANE  
SEBRING FL 33870**

Mailing Address

**2636 MELLOW LANE  
SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0961870**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANDLEY, WILLIAM R  
2636 MELLOW LANE  
SEBRING FL 33870**

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGRM</b>	<b>HANDLEY, WILLIAM R</b>	<b>2636 MELLOW LANE</b>	<b>SEBRING FL 33870</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>MGRM</b>	<b>SIRACUSE, JOAN E</b>	<b>2503 N.W. LAKEVIEW DR.</b>	<b>SEBRING FL 33870</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>MGRM</b>	<b>ROTMAN, DARRIN A</b>	<b>4316 MENDAVIA DR.</b>	<b>SEBRING FL 33872</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>MGRM</b>	<b>ROTMAN, JENNY M</b>	<b>4316 MENDAVIA DR.</b>	<b>SEBRING FL 33872</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:**

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

**03/03/2003**

Date

Daytime Phone #

CR2E083 (10/02)