

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90025 041 ****50.00

20050100



DOCUMENT # M04000001987 1. Entity Name JBDN, LLC					
Principal Place of Business 120 S. CENTRAL AVE STE. 100 ST. LOUIS, MO 63105-1705			Mailing Address 120 S. CENTRAL AVE STE. 100 ST. LOUIS, MO 63105-1705		
2. Principal Place of Business Suite, Apt. #, etc. 500		3. Mailing Address Suite, Apt. #, etc. 500			
City & State 		City & State 		4. FEI Number 20-1155047	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANSONE, TIMOTHY G 120 S. CENTRAL AVE STE. 100 ST. LOUIS, MO 631051705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 120 S. CENTRAL AVE STE 500	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANSONE, JAMES G 120 S. CENTRAL AVE STE. 100 ST. LOUIS, MO 631051705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 120 S. CENTRAL AVE STE 500	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANSONE, DOUGLAS G 120 S. CENTRAL AVE STE. 100 ST. LOUIS, MO 631051705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 120 S. CENTRAL AVE STE 500	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANSONE, NICHOLAS G 120 S. CENTRAL AVE STE. 100 ST. LOUIS, MO 631051705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 120 S CENTRAL AVE STE 500	
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	
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	
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:			9/7/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					