


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 18, 2003 8:00 am
Secretary of State

06-18-2003 90006 001 ****50.00

DOCUMENT # L02000013267

1. Entity Name
J. JOSEPH DESIGN & CONSTRUCTION, LLC



Principal Place of Business
**1076 BUSINESS LANE
#4
NAPLES, FL 34110 US**

Mailing Address
**1076 BUSINESS LANE
#4
NAPLES, FL 34110 US**

2. Principal Place of Business
**2338 IMMOKALEE RD
Suite, Apt. #, etc.
#145**

3. Mailing Address
**2338 IMMOKALEE RD
Suite, Apt. #, etc.
#145**

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip Country
34110-1445 USA

Zip Country
34110-1445 USA



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent

**PITKIN, JERALD R ESQ.
801 ANCHOR RODE DRIVE
SUITE 203
NAPLES, FL 34103**

4. FEI Number **01-0712927** Applied For Not Applicable

6. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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.

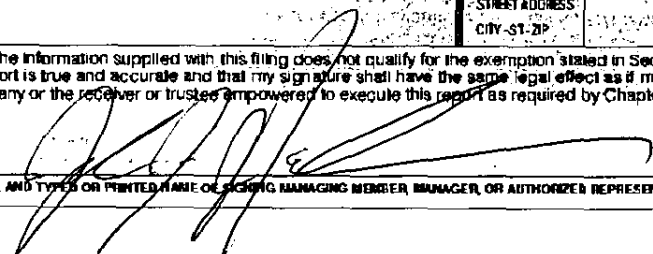
SIGNATURE: _____ DATE: _____

Signature, typed or printed name of registered agent and UBR filer required. NOTE: Registered Agent Signature required when administered.

**Make changes available to Florida Department of State
Due By: May 15, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEDELK, JOHN J 1076 BUSINESS LANE, #4 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEDELK, John J. 2338 IMMOKALEE RD. #145 NAPLES, FL 34110-1445 <input checked="" 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
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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 806, Florida Statutes.

SIGNATURE:  DATE: **6/11/03** PHONE: **239-594-2163**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Case Daytime Phone #

CFR2E083 (10/02)