


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90026 038 \*\*\*\*50.00

**DOCUMENT # L03000023966**

1. Entity Name  
**C & J CONSTRUCTION OF FLORIDA, LLC**



Principal Place of Business  
**1143 19TH AVENUE NORTH  
 ST. PETERSBURG, FL 33704-4145**

Mailing Address  
**1143 19TH AVENUE NORTH  
 ST. PETERSBURG, FL 33704-4145**

40010100



2. Principal Place of Business  
**1141 19th Avenue North**

3. Mailing Address  
**1141 19th Avenue North**

Suite, Apt. #, etc.

01032005 Chg-LLC CR2E083 (10/03)

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, Florida**

Zip  
**33704**

Country  
**PINELLAS USA**

4. FEI Number  
**65-1196504**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCMILLAN, RONALD L  
 11405-4 4TH STREET NORTH  
 SAINT PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent

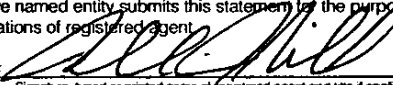
Name  
**Ronald L. McMillan**

Street Address (P.O. Box Number is Not Acceptable)  
**1141 19th Avenue North**

City  
**St. Petersburg**

FL Zip Code  
**33704**

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  **Ronald L. McMillan** DATE **1-3-2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER, JEFFREY 1143 19TH AVENUE NORTH SAINT PETERSBURG, FL 337044145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GETTIG, CHRIS 1143 19TH AVENUE NORTH SAINT PETERSBURG, FL 337044145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 executor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Jeffrey Warner** DATE **3/3/2005** DAYTIME PHONE # **727-823-7234**

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