

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002006

FILED
Jun 26, 2006
Secretary of State

Entity Name: JERRY L. HAFNER, GENERAL CONTRACTOR LLC

Current Principal Place of Business:

122 HILTY LANE
EAST PALATKA, FL 32131 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 532
PALATKA, FL 32178 US

New Mailing Address:

FEI Number: 58-2682141 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAFNER, JERRY L
122 HILTY LANE
EAST PALATKA, FL 32131 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: HAFNER, JANE D
Address: 122 HILTY LANE
City-St-Zip: EAST PALATKA, FL 32131 US

Title: MGRM () Delete
Name: HAFNER, JASON E
Address: 102 HILTY LANE
City-St-Zip: EAST PALATKA, FL 32131 US

Title: MGRM () Delete
Name: HAFNER, JERRY L
Address: 122 HILTY LANE
City-St-Zip: EAST PALATKA, FL 32131 US

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: JERRY L. HAFNER

MGRM

06/26/2006

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