

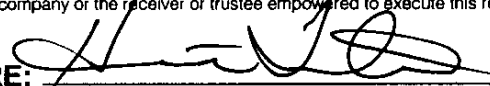


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90308 029 \*\*\*\*50.00

|  |                                      |                     |   |  |  |    |          |
|--|--------------------------------------|---------------------|---|--|--|----|----------|
| <b>DOCUMENT # L05000000103</b>   |                                      |                     |   |         |  |    |          |
| 1. Entity Name<br>J & P CONTRACTORS, LLC.  |                                      |                     |   |  |  |    |          |
| Principal Place of Business<br>400 ISLAND WAY<br>1604<br>CLEARWATER, FL 33767  |                                      |                     | Mailing Address<br>400 ISLAND WAY<br>1604<br>CLEARWATER, FL 33767 |  |  |    |          |
| 2. Principal Place of Business - No P.O. Box #   |                                      | 3. Mailing Address  |   |  |  |    |          |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc. |   |  |  |    |          |
| City & State   |                                      | City & State        |   | 4. FEI Number<br>20-2088255  |  |    |          |
| Zip  |                                      | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |    |          |
| 6. Name and Address of Current Registered Agent  |                                      |                     | 7. Name and Address of New Registered Agent                       |  |  |    |          |
| TSETSEKAS, HARRIET MEMBER<br>400 ISLAND WAY<br>1604<br>CLEARWATER, FL 33767  |                                      |                     | 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 4/30/07  |  |  |    |          |
| Filing Fee is \$50.00 Due by May 1, 2007   |                                      |                     | Make check payable to Florida Department of State                 |  |  |    |          |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     | 10. ADDITIONS/CHANGES   |  |  |    |          |
| TITLE  | MGRM <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |    |          |
| NAME   | TSETSEKAS, HARRIET                   | NAME                |   |  |  |    |          |
| STREET ADDRESS   | 400 ISLAND WAY # 1604                | STREET ADDRESS      |   |  |  |    |          |
| CITY-ST-ZIP  | CLEARWATER, FL 33767                 | CITY-ST-ZIP         |   |  |  |    |          |
| TITLE  | MGRM <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |    |          |
| NAME   | PERDIS, PEREKLIS N                   | NAME                |   |  |  |    |          |
| STREET ADDRESS   | 927 LAKEHURST STREET                 | STREET ADDRESS      |   |  |  |    |          |
| CITY-ST-ZIP  | LAKELAND, FL 33805                   | CITY-ST-ZIP         |   |  |  |    |          |
| TITLE  | MGRM <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |    |          |
| NAME   | TSETSEKAS, CHARLES J                 | NAME                |   |  |  |    |          |
| STREET ADDRESS   | 400 ISLAND WAY #1604                 | STREET ADDRESS      |   |  |  |    |          |
| CITY-ST-ZIP  | CLEARWATER, FL 33767                 | CITY-ST-ZIP         |   |  |  |    |          |
| TITLE  | <input type="checkbox"/> Delete      | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |    |          |
| NAME   |                                      | NAME                |   |  |  |    |          |
| STREET ADDRESS   |                                      | STREET ADDRESS      |   |  |  |    |          |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |   |  |  |    |          |
| TITLE  | <input type="checkbox"/> Delete      | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |    |          |
| NAME   |                                      | NAME                |   |  |  |    |          |
| STREET ADDRESS   |                                      | STREET ADDRESS      |   |  |  |    |          |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |   |  |  |    |          |
| TITLE  | <input type="checkbox"/> Delete      | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |    |          |
| NAME   |                                      | NAME                |   |  |  |    |          |
| STREET ADDRESS   |                                      | STREET ADDRESS      |   |  |  |    |          |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP         |   |  |  |    |          |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |                                      |                     | DATE 4/30/07  |  |  |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                      |                     | Date Daytime Phone #  |  |  |    |          |