2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M97000000387

1. Entity Name
JEREMIAH SPECIALTY CONTRACTORS, L.L.C.

Principal Place of Business	Mailing Address
2001 MCCAIN PARKWAY PELHAM, AL 35124	2001 MCCAIN PARKWAY PELHAM, AL 35124

01082004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1374028
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	JOHNSON, G. STEPHEN
STREET ADDRESS	2001 MCCAIN PARKWAY
CITY-ST-ZIP	PELHAM, AL 35124
TITLE	MGRM
NAME	MYREX, THOMAS D
STREET ADDRESS	2001 MCCAIN PARKWAY
CITY-ST-ZIP	PELHAM, AL 35124
TITLE	MGRM
NAME	LAWLEY, GLENN S
STREET ADDRESS	2001 MCCAIN PARKWAY
CITY-ST-ZIP	PELHAM, AL 35124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UI000001060708
02/23/04-80050-012 50.00

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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 608, Florida Statutes.

SIGNATURE: Glenn S. Lawley GLENN S. LAWLEY 1/8/04 (205) 621-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #