

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000006141

1. Entity Name
GLENN JENKINS GENERAL CONTRACTOR, LLC



Principal Place of Business
**6614 ILEX CIRCLE
NAPLES, FL 34109**

Mailing Address
**6614 ILEX CIRCLE
NAPLES, FL 34109**



07012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3034379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

0. Name and Address of Current Registered Agent

**JENKINS, GLENN
6614 ILEX CIRCLE
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

000000165862
07/12/04-80031-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JENKINS, GLENN
STREET ADDRESS	6614 ILEX CIRCLE
CITY- ST- ZIP	NAPLES, FL 34109

TITLE	
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CITY- ST- ZIP	

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IN THIS SPACE**

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 Jenkins

239 -250-1742

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

Date

Daytime Phone #