
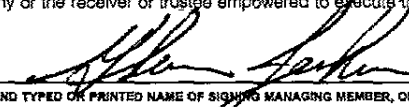


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 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	
DO NOT WRITE IN THIS SPACE		
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		01232007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 75-3034379 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, GLENN 6614 ILEX CIRCLE NAPLES, FL 34109	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date 2-3-07 Daytime Phone # 239-250-1742