

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027472

FILED
Feb 03, 2004
Secretary of State

Entity Name: JANSEN CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

1153 DERIAN PL
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

1153 DERIAN PL
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 02-0648414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANSEN, SUSAN
1153 DERIAN PL
NOKOMIS, FL 34275 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/MEMBERS:

Title: P () Delete
Name: JANSEN, SUSAN
Address: 1153 DERIAN PL
City-St-Zip: NOKOMIS, FL 34275

Title: V () Delete
Name: JANSEN, PHILLIP
Address: 1153 DERIAN PL
City-St-Zip: NOKOMIS, FL 34275

Title: V () Delete
Name: JANSEN, TRAVIS
Address: 1153 DERIAN PL
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JANSEN, SUSAN
Address: 1153 DERIAN PL
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM (X) Change () Addition
Name: JANSEN, PHILLIP
Address: 1153 DERIAN PL
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM (X) Change () Addition
Name: JANSEN, TRAVIS
Address: 1153 DERIAN PL
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN JANSEN

MGR

02/03/2004

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