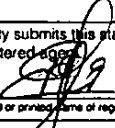


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90040 046 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                 |                                                            |                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L02000034266</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                 |                                                            |                                                 |  |
| 1. Entity Name<br>J.C.L. ROOFING LIMITED COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                 |                                                            |                                                                                                                                  |  |
| Principal Place of Business<br>2515 W. BRADDOCK ST.<br>TAMPA, FL 33607                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                 | Mailing Address<br>2515 W. BRADDOCK ST.<br>TAMPA, FL 33607 |                                                                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                 | 3. Mailing Address                                         |                                                                                                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                 | Suite, Apt. #, etc.                                        |                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                 | City & State                                               |                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                             | Zip                             | Country                                                    | 4. FEI Number<br>06-1668139                                                                                                      |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                 |                                                            | Applied For<br>Not Applicable                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br>JUAN CARLOS IANNICELLI<br>2515 W. BRADDOCK ST.<br>TAMPA, FL 33607                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                 |                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 05/12/05                                                                                                                    |  |
| Filing Fee is \$50.00 Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                 |                                                            | Make check payable to Florida Department of State                                                                                |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                 |                                                            | 10. ADDITIONS/CHANGES                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P<br>IANNICELLI, JUAN C<br>2515 W. BRADDOCK ST.<br>TAMPA, FL 33607  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VP<br>IANNICELLI, ILEANA<br>2515 W. BRADDOCK ST.<br>TAMPA, FL 33607 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| 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: JUAN CARLOS IANNICELLI                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                 |                                                            | DATE: 05/12/05 (813) 842-0422                                                                                                    |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                 |                                                            | Daytime Phone #                                                                                                                  |  |