


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

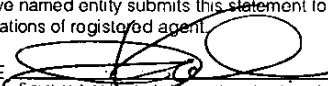
FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90209 014 ***150.00

DOCUMENT # L03000020661		
1. Entity Name JOHN KALINAUSKAS BUILDER, L.L.C.		
Principal Place of Business 101 GOLDEN PLOVER CT DAYTONA BEACH FL 32119		Mailing Address 101 GOLDEN PLOVER CT DAYTONA BEACH FL 32119
2. Principal Place of Business - No P.O. Box # 101 GOLDEN PLOVER CT		3. Mailing Address SAME
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State DAYTONA BEACH FL		City & State
Zip 32119	Country FLORIDA	Country



1st MOORE CR2E083 (10/06)

4. FEI Number 80-0084369		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent KALINAUSKAS, JOHN 117 LAUGHING GULL DAYTONA BEACH FL 32119		
7. Name and Address of New Registered Agent Name JOHN KALINAUSKAS Street Address (P.O. Box Number is Not Acceptable) 101 GOLDEN PLOVER CT City DAYTONA BEACH FL Zip Code 32119		
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  JOHN KALINAUSKAS 3-3-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KALINAUSKAS, JOHN F 117 LAUGHING GULL COURT DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME 101 GOLDEN PLOVER CT SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date: **3-3-07** 386-589-4312 Daytime Phone #