


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90026 038 \*\*\*\*50.00


<b>DOCUMENT # L03000023966</b>	
1. Entity Name <b>C &amp; J CONSTRUCTION OF FLORIDA, LLC</b>	

Principal Place of Business <b>1143 19TH AVENUE NORTH ST. PETERSBURG, FL 33704-4145</b>	Mailing Address <b>1143 19TH AVENUE NORTH ST. PETERSBURG, FL 33704-4145</b>
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2. Principal Place of Business <b>1141 19th Avenue North</b>	3. Mailing Address <b>1141 19th Avenue North</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St. Petersburg, FL</b>	City & State <b>St. Petersburg, Florida</b>
Zip <b>33704</b>	Zip <b>33704</b>
Country <b>Pineellas</b>	Country <b>USA</b>

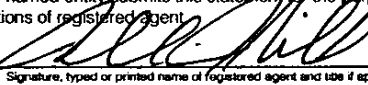
**40010100**



01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1196504</b>	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 <b>MCMILLAN, RONALD L 11405-4 4TH STREET NORTH SAINT PETERSBURG, FL 33716</b>	
7. Name and Address of New Registered Agent Name <b>Ronald L. McMillan</b> Street Address (P.O. Box Number is Not Acceptable) <b>1141 19th Avenue North</b> City <b>St. Petersburg</b> FL Zip Code <b>33704</b>	

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.

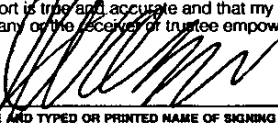
SIGNATURE  **Ronald L. McMillan** DATE **1-3-2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER, JEFFREY 1143 19TH AVENUE NORTH SAINT PETERSBURG, FL 337044145 <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	VP GETTIG, CHRIS 1143 19TH AVENUE NORTH SAINT PETERSBURG, FL 337044145 <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
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
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

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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Jeffrey Warner** Date **3/3/2005** Daytime Phone # **727-823-7234**

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