

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90201 045 ****55.00

DOCUMENT # L03000033193	
1. Entity Name JIMMY BLACKWELL FRAMING, LLC	



Principal Place of Business 3009 OLD LUCERNE PARK ROAD WINTER HAVEN, FL 33881	Mailing Address 3009 OLD LUCERNE PARK ROAD WINTER HAVEN, FL 33881
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2. Principal Place of Business 4600 Old Lucerne Pk. Rd. Suite, Apt. #, etc. Unit #1 City & State Winter Haven FL Zip 33881 Country POLK	3. Mailing Address 4600 Old Lucerne Pk. Rd. Suite, Apt. #, etc. Unit #1 City & State Winter Haven FL Zip 33881 Country 33881
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01252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4262315	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLACKWELL, JAMES E 3009 OLD LUCERNE PARK ROAD WINTER HAVEN, FL 33881	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 James E. Blackwell DATE 1-28-05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))

**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 NAME STREET ADDRESS CITY-ST-ZIP	P BLACKWELL, JAMES E 3009 OLD LUCERNE PK RD. WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Blackwell James E 4600 Old Lucerne Pk. Rd. Unit #1 Winter Haven FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACKWELL, BETTY J 3009 OLD LUCERNE PK RD. WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Blackwell Betty J. 4600 Old Lucerne Pk. Rd. Unit #1 Winter Haven FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELTON, JESSICA 3009 OLD LUCERNE PK RD. WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kelton Jessica 4600 Old Lucerne Pk. Rd. Unit #1 Winter Haven FL 33881 <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
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: James E. Blackwell DATE: 1-28-05 DAYTIME PHONE: 863-294-3090
(Signature and typed or printed name of signing managing member, manager, or authorized representative)