2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L03000033193

Entity Name: JIMMY BLACKWELL FRAMING, LLC

Current Principal Place of Business:

4600 OLD LUCERNE PARK ROAD
UNIT #1
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

4600 OLD LUCERNE PARK ROAD
UNIT #1
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 13-4262315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKWELL, JAMES E
3045 OLD LUCERNE PARK ROAD
WINTER HAVEN, FL 33881 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/MANAGERS:

Title:	P	( ) Delete
Name:	BLACKWELL, JAMES E	
Address:	4600 OLD LUCERNE PK RD UNIT 1	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	S	( ) Delete
Name:	BLACKWELL, BETTY J	
Address:	4600 OLD LUCERNE PK RD UNIT 1	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	T	( ) Delete
Name:	KELTON, JESSICA	
Address:	4600 OLD LUCERNE PK RD UNIT 1	
City-St-Zip:	WINTER HAVEN, FL 33881	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES E BLACKWELL P 01/22/2009

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