2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 05, 2004 8:00 am Secretary of State DOCUMENT # L03000037453 1. Entity Name 05-05-2004 90012 047 ****50.00 J AND R CONSTRUCTION LLC Principal Place of Business Mailing Address 832 NE 80TH AVENUE OKEECHOBEE FL 34974 832 NE 80TH AVENUE OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEST, REBECCA 832 NE 80TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **OKEECHOBEE FL 34974** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. **MGRM** TITLE Delete TITLE Change ☐ Addition WEST, REBECCA NAME NAME STREET ADDRESS 832 NE 80TH AVENUE STREET ADDRESS CITY-ST-ZIP ~ OKEECHOBEE FL 34974 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change Addition NAME MILLER, JERRY STREET ADDRESS 832 NE 80TH AVENUE STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATURE AND TYPED OF

n GRM

FILED