

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037453

Entity Name: J AND R CONSTRUCTION LLC

FILED  
Mar 01, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 1598  
OKEECHOBEE, FL 34973

**New Principal Place of Business:**

832 NE 80TH AVE  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

P.O. BOX 1598  
OKEECHOBEE, FL 34973

**New Mailing Address:**

FEI Number: 45-0524980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEST, REBECCA  
832 NE 80TH AVENUE  
OKEECHOBEE, FL 34974 US

**Name and Address of New Registered Agent:**

WEST, REBECCA  
12250 NE 26TH AVE  
OKEECHOBEE, FL 34972 US

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:

03/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEST, REBECCA  
Address: 832 NE 80TH AVENUE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGRM ( ) Delete  
Name: MILLER, JERRY  
Address: 832 NE 80TH AVENUE  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEST, REBECCA  
Address: 12250 NE 26TH AVE  
City-St-Zip: OKEECHOBEE, FL 34972

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

I hereby certify that the information supplied with this filing does not qualify for the 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: REBECCA WEST

MGRM

03/01/2007

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