

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045051

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: MARC JAMES CONSTRUCTION, LLC

## Current Principal Place of Business:

923 NORTH MILLS AVENUE  
ORLANDO, FL 32803 US

## New Principal Place of Business:

3555 MONIKA CIRCLE  
ORLANDO, FL 32812 US

## Current Mailing Address:

923 NORTH MILLS AVENUE  
ORLANDO, FL 32803 US

## New Mailing Address:

3555 MONIKA CIRCLE  
ORLANDO, FL 32812 US

FEI Number: 20-1050215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JASON W. SEARL, P.A.  
1000 E. ROBINSON STREET  
SUITE G  
ORLANDO, FL 32801 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: MGR ( ) Delete  
Name: KURZON, JAMES A  
Address: 923 NORTH MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803 US

Title: VP (X) Delete  
Name: KURZM, JAMES JR.  
Address: 923 NORTH MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KURZON, JAMES A  
Address: 3555 MONIKA CIRCLE  
City-St-Zip: ORLANDO, FL 32812 US

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: JASON W SEARL

RA

04/29/2008

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