

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

07-22-2004 90097 031 ****50.00
L03000045346

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L03000045346	
1. Entity Name J.A. QUALITY CARPENTRY, LLC	



Principal Place of Business 12215 BAILEY PALM DRIVE GROVELAND, FL 34736	Mailing Address 12215 BAILEY PALM DRIVE GROVELAND, FL 34736
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2. Principal Place of Business 12215 Bailey Palm Dr.	3. Mailing Address 12215 Bailey Palm Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07072004 Chg-LLC CR2E083 (10/03)

City & State Groveland, Fla.	City & State Groveland, Fla.
Zip 34736	Zip 34736
Country Lake	Country Lake

4. FFI Number 11-3724501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALBERTS, JEFFREY J 12215 BAILEY PALM DRIVE GROVELAND, FL 34736	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 reinstalling) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBERTS, JEFFREY J 12215 BAILEY PALM DRIVE GROVELAND, FL 34736 <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
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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)(l), 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: <u>Jeffrey J. Alberts</u>	Date: <u>7/20/04</u>	Daytime Phone #: <u>321-229-7463</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		