

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90110 044 \*\*\*\*50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000047354			
1. Entity Name T.J.K. CONSTRUCTION, LLC			
Principal Place of Business 5906 EMMETTE AVE SANFORD FL 32771 US		Mailing Address 1554 EMMETTE AVE SANFORD FL 32771 US	
2. Principal Place of Business <del>5906</del> 5609 5 <sup>th</sup> St.		3. Mailing Address <del>5906</del> 5609 5 <sup>th</sup> St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanford, Florida		City & State Sanford, Florida	
Zip 32771	Country US	Zip 32771	Country US
4. FEI Number 43-2052889		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOLPIN, TIMOTHY J 1554 EMMETTE AVE SANFORD FL 32771		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 reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLPIN, TIMOTHY J 1554 EMMETTE AVE SANFORD FL 32771 <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
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)(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.			
SIGNATURE: <i>Tim Kolpin</i>		Date: 4/26/04 (321) 377-2923	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	