2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# L03000047354

Entity Name: T.J.K. CONSTRUCTION, LLC

Current Principal Place of Business:

5609 5TH ST.
SANFORD, FL 32771 US

New Principal Place of Business:

1985 MORNINGSIDE DRIVE
MOUNT DORA, FL 32757 US

Current Mailing Address:

5609 5TH ST.
SANFORD, FL 32771 US

New Mailing Address:

1985 MORNINGSIDE DRIVE
MOUNT DORA, FL 32757 US

FEI Number: 43-2052889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOLPIN, TIMOTHY J
5609 5TH ST.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

KOLPIN, TIMOTHY J
1985 MORNINGSIDE DRIVE
MOUNT DORA, FL 32757 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: TIMOTHY J. KOLPIN 04/12/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KOLPIN, TIMOTHY J
Address: 1554 EMMETTE AVE
City-St-Zip: SANFORD, FL 32771 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KOLPIN, TIMOTHY J
Address: 1985 MORNINGSIDE DRIVE
City-St-Zip: MOUNT DORA, FL 32757 US

Title: MGRM ( ) Change (X) Addition
Name: KOLPIN, TERI R
Address: 1985 MORNINGSIDE DRIVE
City-St-Zip: MOUNT DORA, FL 32757

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: TIMOTHY J. KOLPIN MGRM 04/12/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date