

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049263

FILED  
Jul 24, 2006  
Secretary of State

**Entity Name:** JASON ELIXSON CONSTRUCTION, LLC

**Current Principal Place of Business:**

ROUTE 3 BOX 190  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

4853 WEST SR 238  
LAKE BUTLER, FL 32054

**Current Mailing Address:**

ROUTE 3 BOX 190  
LAKE BUTLER, FL 32054

**New Mailing Address:**

4853 WEST SR 238  
LAKE BUTLER, FL 32054

FEI Number: 20-0472638      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ELIXSON, CLIFFORD J  
ROUTE 3 BOX 190  
LAKE BUTLER, FL 32054      US

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

ELIXSON, CLIFFORD J  
4853 WEST SR 238  
LAKE BUTLER, FL 32054      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:

07/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ELIXSON, CLIFFORD J  
Address: ROUTE 3 BOX 190  
City-St-Zip: LAKE BUTLER, FL 32054

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: ELIXSON, CLIFFORD J  
Address: 4853 WEST SR 238  
City-St-Zip: LAKE BUTLER, FL 32054

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: CLIFFORD JASON ELIXSON

MGRM

07/24/2006

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