2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # L03000052414 1. Entity Name 04-26-2004 90064 028 ****55.00 JAEGER CONSTRUCTION LLC Principal Place of Business Mailing Address 8 FILBERT LANE 8 FILBERT LANE たんりんりんしん マヤ PALM COAST FL 32137 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address Excoent of FILBERT - ANE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) Applied For 4. FEI Number 51-649 Lity & State ity & State کنوک Alm (Not Applicable ralm (aast Country \$5.00 Additional 区 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AGENTS AND CORPORATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) SUITE E, 773 4TH AVE. NORTH NAPLES FL 34102 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM ☐ Defete TITLE ☐ Change ☐ Addition TITLE JAEGER william NAME NAME LANE 3 FILBERT STREET ADDRESS STREET ADDRESS つてしろつ 841 PALM CST. CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Change Addition TITLE ☐ Delete TITLE SR of illiam NAME NAME COURT CLINTON STREET ADDRESS STREET ADDRESS 641W CITY-ST-ZIP 37137 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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