

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000786

FILED  
May 19, 2004  
Secretary of State

**Entity Name:** JONATHAN D. PERRY CONSTRUCTION, LLC

**Current Principal Place of Business:**

373 NW OLD MILL DRIVE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

373 NW OLD MILL DRIVE  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 59-3777895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PERRY, JONATHAN D  
373 NW OLD MILL DRIVE  
LAKE CITY, FL 32055 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PERRY, JONATHAN D  
Address: 373 NW OLD MILL DRIVE  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM ( ) Delete  
Name: PERRY, DABUEKKE M  
Address: 373 NW OLD MILL DRIVE  
City-St-Zip: LAKE CITY, FL 32055

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: PERRY, DANIELLE M  
Address: 373 NW OLD MILL DRIVE  
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIELLE M. PERRY

MGRM

05/19/2004

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