


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90272 030 ****50.00

DOCUMENT # L04000001084
 1. Entity Name
JIM RUTHERFORD CONSTRUCTION & REMODELING LLC



Principal Place of Business Mailing Address
PO BOX 420175 SUMMERLAND KEY FL 33042-0175 **PO BOX 420175 SUMMERLAND KEY FL 33042-0175**

2. Principal Place of Business Suite, Apt. #, etc. **SAME**
 3. Mailing Address Suite, Apt. #, etc. **SAME**
 City & State City & State
 Zip Country Zip Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent
RUTHERFORD, JAMES J JR
24419 CARIBBEAN DRIVE EAST
SUMMERLAND KEY FL 33042

7. Name and Address of New Registered Agent
 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **2/25/04**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RUTHERFORD, JAMES J JR	
STREET ADDRESS	PO BOX 420175	
CITY - ST - ZIP	SUMMERLAND KEY FL 33042-0175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *[Signature]* DATE: **2/25/04** DAYTIME PHONE #: **(305) 797-3027**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #