2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 18, 2005 8:00 am Secretary of State

DOCUMENT # L0400004079 1. Entity Name B.J.'S CONSTRUCTION, LLC						Secretary of State 08-18-2005 90105 048 ****50.00					
Principal Place of Business 6650 POSSUM RIDGE ROAD CRESTVIEW, FL 32539			Mailing Address 6650 POSSUM RIDGE ROAD CRESTVIEW, FL 32539								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0715200 5	Chg-LLC	CR2E08	3 (10/03)		
City & State			City & State			4. FEI Number	52-243	8870	` 	plied For t Applicable	
Zip 	Country		Zip	Country		5. Certificate of	of Status Desired		5.00 Add		
	6. Name an	d Address of Current R	7. Name and Address of New Registered Agent Name								
	SUM RIDGE			Street Address			P.O. Box Number is Not Acceptable)				
CRESTVIE	W, FL 3253	39							<u>_</u> _		
			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 Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required whon reinstating) DATE											
Filing Fee is \$50.00 Due by September 7, 2005			u				Make check payable to Florida Department of State				
9.		MANAGING MEMBER	S/MANAGERS 10.			ADDITIONS/CHANGES					
TITLE Name	MGR BRAY, KENI	NETH J	☐ Delete TITLE NAMI		- 1				☐ Change	☐ Addition	
STREET ADDRESS	•	JM RIDGE ROAD	STRE		ET ADORESS -ST-ZIP					ĺ	
CITY-ST-ZIP	MGRM	V, FL 32539	☐ Delete	TITLE					Change	Addition	
NAME	BRAY, JENNIFER J		NAME		I				_ ,		
STREET ADDRESS CITY-ST-ZIP	CRESTVIEV	JM RIDGE ROAD V, FL 32539		1	ET ADDRESS -ST-ZIP						
TITLE		·· <u> </u>	☐ Delete ΠΤLE		1	, , , , , , , , , , , , , , , , , , , 			Change	☐ Addition	
STREET ADDRESS CITY+ST-ZIP				STRE	ET ADDRESS -ST-ZIP					Į.	
TITLE			☐ Delete	TITL					Change	Addition	
NAME STREET ADDRESS				NAM STRE	E ET ADORESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete Till.					1	Change	Addition	
NAME STREET ADDRESS			HAME Street		ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP	<u> </u>					
TITLE NAME			☐ Delete Titu						☐ Change	Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	entify that the in	nformation supplied with t	his filing does not qualify for		-ST-ZIP mption stated in Se	ection 119.07(3)(ii), Florida Statutes.	further certif	y that the in	nformation	
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.											

Jennifer Bray