


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90145 013 ****50.00

DOCUMENT # L04000013036	
1. Entity Name STEPHEN JAY MITCHELL, BUILDING CONTRACTOR, LLC	

Principal Place of Business 6251-SHORELINE DRIVE #2305 ST PETERSBURG FL 33708	Mailing Address 6251-SHORELINE DRIVE #2305 ST PETERSBURG FL 33708
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2. Principal Place of Business ST. PETERSBURG, FLA	3. Mailing Address 6251-SHORELINE DR 2305
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State SAME	City & State ST. PETERSBURG, FLA
Zip	Zip 33708
Country	Country FLORIDA

4. FEI Number 05-0593701	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MITCHELL, NICOLE A 6251-SHORELINE DR #2305 ST PETERSBURG FL 33708

7. Name and Address of New Registered Agent Name No CHANGE 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 No CHANGE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			
TITLE	MGRM	<input type="checkbox"/> Delete	
NAME	MITCHELL, STEPHEN J		
STREET ADDRESS	6251-SHORELINE DR #2305		
CITY-ST-ZIP	ST PETERSBURG FL 33708		
TITLE	MGRM	<input type="checkbox"/> Delete	
NAME	MITCHELL, NICOLE A		
STREET ADDRESS	6251-SHORELINE DR #2305		
CITY-ST-ZIP	ST PETERSBURG FL 33708		
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 exemptions contained in Section 119, 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: Stephen Jay Mitchell	JANUARY 31, 2006	(727) 460-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		