2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000021464

Entity Name: J.L. WAGNER CONSTRUCTION, LLC

Current Principal Place of Business:

140 PERRY AVENUE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

140 PERRY AVENUE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 80-0104672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

WAGNER, JOSEPH L JR
140 PERRY AVENUE
LAKE WORTH, FL 33463 US

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: JOSEPH L WAGNER, JR. 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: WAGNER, JOSEPH L JR
Address: 140 PERRY AVE
City-St-Zip: LAKE WORTH, FL 33463

Title: MGR ( ) Delete
Name: WAGNER, JOSEPH L SR
Address: 140 PERRY AVENUE
City-St-Zip: LAKE WORTH, FL 33463

Title: MGR ( ) Delete
Name: CAMPBELL, SHEILA M
Address: 137 MARTIN AVENUE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES:

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

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

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

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: SHEILA M CAMPBELL MGR 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date