


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000028314</b> 1. Entity Name <b>J.W.KIESEL CONSTRUCTION LLC</b>									
Principal Place of Business <b>1308 DONNA DR. FORT MYERS FL 33919 US</b>			Mailing Address <b>P.O. BOX 6562 FORT MYERS FL 33911 US</b>						
2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.		3. Mailing Address  Suite, Apt #, etc.							
City & State		City & State		4. FEI Number <b>56-2498324</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="padding: 2px;"></td> </tr> </table>		Applied For		Not Applicable	
Applied For									
Not Applicable									
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>KIESEL, JEFFREY W 1308 DONNA DR. FORT MYERS FL 33919</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>						
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>									
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES						
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR <b>KIESEL, JEFFREY W</b> <b>1308 DONNA DR.</b> <b>FORT MYERS FL 33919</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	U00000628712 02/16/07-80023-025 55.00				
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add					
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add					
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add					
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add					
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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
<b>SIGNATURE:</b> _____		_____ <b>Jeff W Kiesel</b>		_____ <b>2-1-07</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #					