

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032222

FILED
Apr 12, 2007
Secretary of State

Entity Name: JOHN ROURKE CONSTRUCTION OF KEY WEST, LLC

Current Principal Place of Business:

7007 SHRIMP ROAD UNIT 8
KEY WEST, FL 33040

New Principal Place of Business:

118 STAR LANE
KEY WEST, FL 33040

Current Mailing Address:

6810 FRONT STREET
KEY WEST, FL 33040

New Mailing Address:

P.O. BOX 2404
KEY WEST, FL 33045

FEI Number: 11-3717770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROURKE, JOHN
6810 FRONT STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

ROURKE, JOHN
118 STAR LANE
KEY WEST, FL 33040 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:

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROURKE, JOHN
Address: 6810 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: ROURKE, BECKIE
Address: 6810 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROURKE, JOHN
Address: 118 STAR LANE
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change () Addition
Name: ROURKE, BECKIE
Address: 118 STAR LANE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BECKIE ROURKE

MGRM

04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date