


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|---|--|--|---|--|--|
| DOCUMENT # L04000040969 | | | |  | |
| 1. Entity Name J.B. CONSTRUCTION, LLC | | | | | |
| Principal Place of Business 3622 ROBIN ROAD TALLAHASSEE, FL 32305 | | | Mailing Address 3622 ROBIN ROAD TALLAHASSEE, FL 32305 | | |
| 2. Principal Place of Business - No P.O. Box # Tallahassee | | | 3. Mailing Address 3622 Robin rd | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Tallahassee FL | | | City & State | | |
| Zip 32305 | | Country Leon | | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent BOHANAN, JIMMY 3622 ROBIN ROAD TALLAHASSEE, FL 32305 | | | 7. Name and Address of New Registered Agent Name _____ 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: <u>Jimmy Bohanan</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BOHANAN, JIMMY 3622 ROBIN ROAD TALLAHASSEE, FL 32305 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000103131870 05/24/07--01012--006 **50.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BLACK, ERIC P 15 WILL ROAD CRAWFORDVILLE, FL 32327 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGRM Black, ERIC P 1523 Bloxham cutoff Crawfordville FL 32327 | |
| 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"/> Addition | |
| 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"/> Addition | |
| 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"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Jimmy Bohanan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date: <u>MAY 9, 2007</u> Daytime Phone # _____ | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05092007 Chg-LLC CR2E083 (12/06)