

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044014

FILED
Jul 05, 2005
Secretary of State

Entity Name: J & K UNDERGROUND CONSTRUCTION LLC

Current Principal Place of Business:

732 CEDAR CREEK RD
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

732 CEDAR CREEK RD
PALATKA, FL 32177

New Mailing Address:

FEI Number: 05-0604499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SARVER, KEVIN
Address: 209 TARPON BOULEVARD
City-St-Zip: PALATKA, FL 32177

Title: MGR () Delete
Name: BOGGS, JONI
Address: 209 TARPON BOULEVARD
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SARVER, KEVIN
Address: 732 CEDAR CREEK ROAD
City-St-Zip: PALATKA, FL 32177

Title: MGR (X) Change () Addition
Name: SARVER, JONI
Address: 732 CEDAR CREEK ROAD
City-St-Zip: PALATKA, FL 32177

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: JONI SARVER

MGR

07/05/2005

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