

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90130 028 \*\*\*\*50.00

30002339



1st MOORE CR2E083 (10/04)

<b>DOCUMENT # L04000044932</b>			
1. Entity Name <b>J'S INSTALLATION LLC</b>			
Principal Place of Business <b>7279 ECONFINA ESTATES RD. YOUNGSTOWN FL 32466</b>		Mailing Address <b>7279 ECONFINA ESTATES RD. YOUNGSTOWN FL 32466</b>	
2. Principal Place of Business <b>J's Installation</b>		3. Mailing Address <b>7279 EconFina Est</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Youngstown FL</b>	
Zip <b>32466</b>	Country <b>USA</b>	Zip <b>32466</b>	Country <b>Bay</b>
4. FEI Number <b>201243189</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GREEN, JEFF L 7279 ECONFINA ESTATES RD. YOUNGSTOWN FL 32466</b>		7. Name and Address of New Registered Agent Name <b>J's Installation</b> Street Address (P.O. Box Number is Not Acceptable) " " " " City <b>Youngstown</b> FL Zip Code <b>32466</b>	
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><i>Jeff Green</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature is hand or printed name of registered agent and title if applicable			
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2005</b> </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, JEFF L 7279 ECONFINA ESTATES RD. YOUNGSTOWN FL 32466 <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
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
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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 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 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><i>Jeff Green</i></u>		Date <u>2/14/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	