2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052634

Title:

Entity Name: JAMIE JOHNSON CONSTRUCTION, LLC

FILED Apr 26, 2005 Secretary of State

() Change () Addition

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|------------|----------------------|---|-------------------------------------|
| 900 TWIN LAKES DRIVE DE FUNIAK SPRINGS, FL | 32433 | US | | |
| Current Mailing Address | : | | New Mailing Address: | |
| 900 TWIN LAKES DRIVE DE FUNIAK SPRINGS, FL | 32433 | US | | |
| FEI Number: 20-1367295 | FEI Numbe | r Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| JOHNSON, JAMIE 900 TWIN LAKES DRIVE DE FUNIAK SPRINGS, FL | 32433 | US | | |
| The above named entity su in the State of Florida. | bmits this | statement for the pu | urpose of changing its registered | office or registered agent, or both |
| SIGNATURE: | | | | |
| Electronic | Signature | of Registered Age | nt | Date |
| MANAGING MEMBERS/MEMBE | RS: | | ADDITIONS/CHANGES: | |

MGRM () Delete Title:

 Name:
 JOHNSON, JAMIE
 Name:

 Address:
 900 TWIN LAKES DRIVE
 Address:

 City-St-Zip:
 DE FUNIAK SPRINGS, FL 32433 US
 City-St-Zip:

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: JAMIE JOHNSON MGRM 04/26/2005