
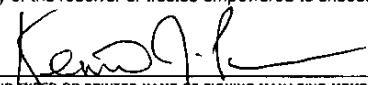


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000054700</b>					
<b>1. Entity Name</b> JERICHO CONSTRUCTION AND DEVELOPMENT CO. LLC					
<b>Principal Place of Business</b> 1020 E. LAFAYETTE ST., STE. 207A TALLAHASSEE, FL 32301			<b>Mailing Address</b> 1020 E. LAFAYETTE ST., STE. 207A TALLAHASSEE, FL 32301		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 57-1178304	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PARKER, KENNETH J 1020 E. LAFAYETTE ST., STE. 207A TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, KENNETH 1020 E. LAFAYETTE ST., STE. 207A TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500079231425 08/29/06--01064--009 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, SHELLEY 1020 E. LAFAYETTE ST., STE. 207A TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAINER, BENJAMIN 12003 E. CAMBRIGHT ST. TAMPA, FL 32333		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 8-22-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: 877-0533		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

