


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | |
|---|--------------------------------------|--|---|--|--|
| DOCUMENT # L04000054700 | | | |  | |
| 1. Entity Name JERICO CONSTRUCTION AND DEVELOPMENT CO. LLC | | | | | |
| Principal Place of Business 1518 MELVIN ST. TALLAHASSEE, FL 32301 | | | Mailing Address 1518 MELVIN ST. TALLAHASSEE, FL 32301 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 57-1178304 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARKER, KENNETH J 1020 E. LAFAYETTE ST., STE. 207A TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name: <u>Kenneth J. Parker</u> Street Address (P.O. Box Number is Not Acceptable): <u>4567 Hollywood way</u> City: <u>Tallahassee</u> FL <u>32308</u> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARKER, KENNETH | | NAME | | |
| STREET ADDRESS | 1518 MELVIN ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | | CITY-ST-ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARKER, SHELLEY | | NAME | 300095937393 | |
| STREET ADDRESS | 1518 MELVIN ST. | | STREET ADDRESS | 04/06/07--01002--002 **178.75 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | | CITY-ST-ZIP | | |
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GAINER, BENJAMIN | | NAME | | |
| STREET ADDRESS | 1518 MELVIN ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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>Kenneth J. Parker</u> | | | Date: <u>4-5-07</u> Daytime Phone #: <u>877-0533</u> | | |

FILED

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04052007 Chg-LLC CR2E083 (12/06)