2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 30, 2005 8:00 am Secretary of State

08-30-2005 90015 029 ****50 00

DOCUMENT # L0400063032 1. Entity Name JD MATHES CONSTRUCTION, LLC							08-30-2005 9	00015 029 *	***50.	00
Principal Plac	e of Business	Mailing Address								
11374 ASTON HALL DR. S. JACKSONVILLE, FL 32246		11374 ASTON HALL DR. S. JACKSONVILLE, FL 32246						Paup augu 1111 Pa up	IBB IIIIB 20 81	idi in IFSI
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07092005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State				4. FEI Numb	535839		- · · ·	plied For Applicable
Zip	Country	Zip Count		try		5. Certificate of Status Desired S5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
MATHES, LAURIE A					Street Address (P.O. Box Number is Not Acceptable)					
	FON HALL DR. S. VILLE, FL 32246			Sides Address (1.0. box remove to recording)						
ı				City		····		FL	Zip Code	,
8. The above named entity submits this statement for the purpose of changing its registered office						d agent, or bo	oth, in the State of Flo		liar with, a	and accept
the obligations gregostered agent. SIGNATURE SIGNATURE SIGNATURE										
Asignestive, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
	ling Fee is \$50.00 by September 7, 2005					Make check payable to Florida Department of State				
9.	MANAGING MEMBER		10.	. 1		<u> </u>	ADDITIONS		Change	Addition
NAME	MATHES, LAURIE A	☐ Delete	TITLE					u	Change	Auditatiii
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE	MGRM MATHES, JAMES D	☐ Delete	TITL	I .			~~		Change	Addition
NAME STREET ADDRESS	11374 ASTON HALL DRIVE		NAM STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						- Colores
TITLE NAME	Delete Titl					Presiden S spive		U	Change	Addition
STREET ADDRESS				ET ADDRESS (11325	ATLANTIC	A4E 4-322			
CITY-ST-ZIP		□ Delete	TITL	-ST-ZIP	4W.K	SONVILLE	FL 32225		Change	☐ Addition
NAME		C Delete	NAM					_	onungo	
STREET ADDRESS CITY+ST-ZIP				ET ADORESS -ST-ZIP			*			
TITLE		☐ Delete	₹IΠ⊔	E					Change	Addition
NAME STREET ADDRESS			NAW STR	EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITE				,		Change	Addition
STREET ADDRESS			NAM STRI	EET ADDRESS						
CITY-ST-ZIP		Abia 690 - alama a sa		'-\$T-Z!P	- 4 1 2		With Floridate Control	1 S. and an a 25 - 1	hat the '	
11. 1 hereby certify that the information supplied with this filling 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: PAINT U. //WThis 8/15/05 (404) 755-4323										
SIGNATURE: JULIU CO. 1 JULIU C										