## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 04-27-2005 90018 033 \*\*\*\*55.00 **DOCUMENT # L04000073946** JORDAN CONSTRUCTION, LLC 20049718 Principal Place of Business Mailing Address 1100 TOWN PLAZA COURT 1100 TOWN PLAZA COURT **SUITE 2010 SUITE 2010** WINTER SPRINGS, FL 32708 US WINTER SPRINGS, FL 32708 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 Chg-LLC CR2E083 (10/03) 4. FEI Number 1709146 Applied For City & State City & State Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, LARRY W Street Address (P.O. Box Number is Not Acceptable) 1100 TOWN PLAZA COURT **SUITE 2010** WINTER SPRINGS, FL 32708 City Zip Code 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 Signature, typed or printed name of registered agent and bite it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE TITLE ☐ Change Addition ☐ Delete JORDAN EDVENTURES, LLC NAME NAME 1100 TOWN PLAZA COURT, SUITE 2010 STREET ADDRESS STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY+ST-ZIP 11. I hereby certify that the information supplied with this filing does not or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is tri limited liability company or t same legal effect as if made under oath; that I am a managing member or manager of the ort as required by Chapter 608, Florida Statutes. SIGNATURE:

GER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

Apr 27, 2005 8:00 am Secretary of State