


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 JUL 25 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000078875			
1. Entity Name J.C. & BROTHERS CONSTRUCTION LLC			
Principal Place of Business 3555 PINERIDGE CIR. KISSIMMEE, FL 34746		Mailing Address 3555 PINERIDGE CIR. KISSIMMEE, FL 34746	
2. Principal Place of Business 2530 COMIFER CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State	
Zip 34746	Country USA	Zip	Country
6. Name and Address of Current Registered Agent CABRAL DA SILVA, JOSE E 3555 PINERIDGE CIR. KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name CABRAL DA SILVA, JOSE E Street Address (P.O. Box Number is Not Acceptable) 2530 COMIFER CT City Kissimmee FL Zip Code 34746	
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: X Jose Amilton Cabral da Silva (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABRAL DA SILVA, JOSE E 3555 PINERIDGE CIR. KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABRAL DA SILVA, JOSE E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2530 COMIFER CT KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABRAL, JOSE E JR. 3555 PINERIDGE CIR. KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABRAL, JOSE E JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2530 COMIFER CT KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NETO, ALCIDES C 3555 PINERIDGE CIR. KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NETO, ALCIDES C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2530 COMIFER CT KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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: X Jose Amilton Cabral da Silva SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			