



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90040 035 \*\*\*\*50.00

<b>DOCUMENT # L04000087846</b> 1. Entity Name <b>J &amp; R CONTRACTORS, LLC</b>					
Principal Place of Business <b>1906 NW 18TH TERRACE</b> <b>CAPE CORAL, FL 33993 US</b>				Mailing Address <b>1906 NW 18TH TERRACE</b> <b>CAPE CORAL, FL 33993 US</b>	
2. Principal Place of Business <b>1402 NE 13<sup>th</sup> TR</b> Suite, Apt. #, etc. <b>Cape Coral FL</b> City & State <b>1</b>		3. Mailing Address <b>P.O. Box 4447</b> Suite, Apt. #, etc. <b>NE Myers FL</b> City & State <b>NE Myers FL</b>			
Zip <b>33909</b>		Country <b>Lee</b>		5042005 Chg-LLC CR2E083 (10/03)	
Zip <b>33918</b>		Country <b>Lee</b>		4. FEI Number <b>20-1968990</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>FORD, RUSTY</b> <b>1906 NW 18TH TERRACE</b> <b>CAPE CORAL, FL 33993</b>			7. Name and Address of New Registered Agent Name <b>1402 NE 13<sup>th</sup> TR</b> Street Address (P.O. Box Number is Not Acceptable) <b>Cape Coral</b> City <b>FL</b> Zip Code <b>33909</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. SIGNATURE <u>Julie A Ford</u> <u>Julie A Ford MGRM J&amp;R Contractors S-105</u> <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, RUSTY 1906 NW 18TH TERRACE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, JULIE 1906 NW 18TH TERRACE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Julie A Ford</u> <b>S-105</b> <b>239-573-7698</b> <small>(SIGNATURE AND TYPE) OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					