


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90039 013 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L04000092310</b>                                       |  |
| 1. Entity Name<br><b>JAY'S QUALITY MOBILE HOME INSTALLATION, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>3335 TAMiami TRAIL<br/>PUNTA GORDA FL 33950<br/>US</b> | Mailing Address<br><b>3335 TAMiami TRAIL<br/>PUNTA GORDA FL 33950<br/>US</b> |
|--|--|



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>1148 SALINA AVE</b> | 3. Mailing Address<br><b>1148 SALINA AVE</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |

1st MOORE CR2E083 (10/05)

|   |   |
|---|---|
| City & State<br><b>Port Charlotte, FL</b> | City & State<br><b>Port Charlotte, FL</b> |
| Zip<br><b>33948</b>                       | Country<br><b>Charlotte</b>               |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>76-0776108</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>HARPER, JOHN W<br/>3335 TAMiami TRAIL<br/>PUNTA GORDA FL 33950</b>                |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |

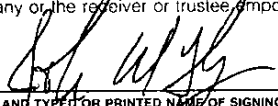
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                |                                 | 10. ADDITIONS/CHANGES  |   |
|---|---------------------------------|--|---|
| TITLE<br><b>MGRM</b>                        | <input type="checkbox"/> Delete | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| NAME<br><b>HARPER, JOHN W</b>               |                                 | NAME   |   |
| STREET ADDRESS<br><b>3335 TAMiami TRAIL</b> |                                 | STREET ADDRESS   |   |
| CITY-ST-ZIP<br><b>PUNTA GORDA FL 33950</b>  |                                 | 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  |   |
| 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 Section 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:**  **4-3-06 350-235-1276**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #