2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # L04000093636** 04-22-2005 90043 038 ****50.00 J.D. CONSTRUCTION, L.L.C. Principal Place of Business Mailing Address 20040163 2275 WEST HELEN CIRCLE 2275 WEST HELEN CIRCLE BARTOW, FL 33830 BARTOW, FL 33830 2. Principal Place of Business 3. Mailing Address 2275 west Helen Clark 2275 West Helen Circle Suite, Apt. #, etc. Suite, Apt. #, etc 04172005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Southon X Not Applicable Country (Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOYNER, JOSHUA D Street Address (P.O. Box Number is Not Acceptable) 2275 WEST HELEN CIRCLE BARTOW, FL 33830 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/ Doyner MGR SIGNATURE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITI F ☐ Delete TITLE Change ☐ Addition JOYNER, JOSHUA'D NAME NAME STREET ADDRESS 2275 WEST HELEN CIRCLE STREET ADDRESS BARTOW, FL 33830 CITY-ST-ZIP COY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 11. I hereby certify that the information supplied with this fiting 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. ER, OR AUTHORIZED REPRESENTATIVE

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