


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90033 009 ****50.00

DOCUMENT # L05000011991	
1. Entity Name JOHN D. BROWN & SON'S ROOFING, LLC	

Principal Place of Business 14288 NORMANDY BLVD BALDWIN FL 32234	Mailing Address 14288 NORMANDY BLVD BALDWIN FL 32234
--	--

2. Principal Place of Business 1325 Fouracker Rd Suite, Apt. #, etc.	3. Mailing Address 1325 Fouracker Rd Suite, Apt. #, etc.
---	---

City & State Jacksonville, Fl.	City & State Jacksonville, Fl.
Zip 32221	Country Duval
Zip 32221	Country Duval

4. FEI Number 20-2286396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, JOHN A 14288 NORMANDY BLVD BALDWIN FL 32234	
--	--

7. Name and Address of New Registered Agent	
Name Mary B. Brown	
Street Address (P.O. Box Number is Not Acceptable) 1325 Fouracker Rd	
City Jacksonville	Zip Code FL 32221

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 title if applicable	DATE 08/03/2006

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROWN, JOHN A 14288 NORMANDY BLVD BALDWIN FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, MARY B 14288 NORMANDY BLVD BALDWIN FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, JOHNNY M 14750 HUSKY LANE JACKSONVILLE FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 exemptions contained in Chapter 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: <i>Mary B Brown</i>	08/03/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #