


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90079 018 ****50.00

DOCUMENT # L05000027338

1. Entity Name
JCB INSTALLATIONS LLC



Principal Place of Business
**84 E. LAKEVIEW DR.
 HAINES CITY, FL 33844**

Mailing Address
**P.O. BOX 1303
 HAINES CITY, FL 33845**

2. Principal Place of Business - No P.O. Box #
608 PARADISE ISLAND WAY

3. Mailing Address
 Suite, Apt. #, etc.

City & State
HAINES CITY, FL


City & State
 City & State

Zip
33844

Country
USA

6. Name and Address of Current Registered Agent

**BROOKS, JERRY C
 84 E. LAKEVIEW DR. 608 PARADISE ISLAND WAY
 HAINES CITY, FL 33844**



02182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2551117

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKS, JERRY C 84 E. LAKEVIEW DR. HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 608 PARADISE ISLAND WAY
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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: *Jerry C Brooks* **2/22/07** **863-439-1607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #