2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 28, 2006 8:00 am
Secretary of State
06-05-2006 90001 030 ****50.00

DOCUMENT # L05000040042

1. Entity Name
L. J. & J. CONSTRUCTION, LLC.

Principal Place of Business	Mailing Address
4800 ORTEGA FARMS BLVD APT.# 205 JACKSONVILLE FL 32221 US	4800 ORTEGA FARMS BLVD APT.# 205 JACKSONVILLE FL 32221-0 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
9049 Washington ave.	9049 Washington ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32208 Country: Duval	Zip: 32208 Country: Duval

4. FEI Number: 830428227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNDON, JOSHUA E
4800 ORTEGA FARMS BLVD.
APT. # 205
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name: Joshua E. Herndon
Street Address (P.O. Box Number is Not Acceptable): 9049 Washington ave
City: Jacksonville FL Zip Code: 32208

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: Joshua E. Herndon DATE: 5/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Owner	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Joshua E. Herndon		NAME		
STREET ADDRESS	9049 Washington ave.		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32208		CITY-ST-ZIP		
TITLE	Manager	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Joshua Herndon		NAME		
STREET ADDRESS	9049 Washington ave		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville FL 32208		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: Joshua E. Herndon 5/5/06 386-623-5793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

I own the business and work for myself.