



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90025 036 ****50.00

DOCUMENT # L05000054178					
1. Entity Name 30-A REMODELING & REPAIR, LLC					
Principal Place of Business 55 BLUEFISH STREET SANTA ROSA BEACH, FL 32459			Mailing Address 55 BLUEFISH STREET SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business 5659 W. County Hwy 30-A <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5659 W. County Hwy 30-A <small>Suite, Apt. #, etc.</small>			
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL		4. FEI Number 41-2177354	
Zip 32459 Country Walton		Zip 32459 Country Walton		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LORRAINE, TASSIN 4 FOREST BREEZE CT FT WALTON BEACH, FL 32547				7. Name and Address of New Registered Agent Name Rick Jett Street Address (P.O. Box Number is Not Acceptable) 5659 W. County Hwy 30-A City Santa Rosa Beach FL Zip Code 32459	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANNEN, JIM <input checked="" type="checkbox"/> Delete 55 BLUEFISH STREET SANTA ROSA BEACH, FL 32459			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JETT, RICK <input type="checkbox"/> Delete 55 BLUEFISH STREET SANTA ROSA BEACH, FL 32459			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jett, Rick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5659 W. County Hwy 30-A Santa Rosa Beach, FL 32459
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
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

Rick Jett

date 4.25.06