



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000073958</b>	
1. Entity Name <b>JOE &amp; MIKE CONSTRUCTION LLC</b>	

Principal Place of Business <b>1294 DRAGONFLY LANE CHIPLEY, FL 32428</b>	Mailing Address <b>1294 DRAGONFLY LANE CHIPLEY, FL 32428</b>
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**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1955328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**YGLESIAS, MICHAEL R  
1294 DRAGONFLY LANE  
CHIPLEY, FL 32428**

**DO NOT WRITE  
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

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


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR YGLESIAS, MICHAEL R 1294 DRAGONFLY LANE CHIPLEY, FL 32428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FERNANDEZ, JOEY 853 RATTLEBOX ROAD CHIPLEY, FL 32428</b>
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000000627617  
02/15/07-80065-023 50.00

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:**  **1-26-07** **(850) 260 7767**

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