## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 08, 2006 8:00 am Secretary of State

## **DOCUMENT # L05000083176** 05-08-2006 90035 005 \*\*\*\*55.00 JMK MAINTENANCE SERVICES LLC Principal Place of Business Mailing Address 763 MARYWOOD DRIVE **763 MARYWOOD DRIVE** PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address 763 MarywooD Suite, Apt. #, etc. 04122006 CR2E083 (11/05) Chg-LLC Applied For Chy & State City & State 4. FEI Number Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ss of Current Registered Agen Name KENNEDY, JEFFREY M 763 MARYWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL 32405 City 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 SIGNATURE Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State man 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Change Addition KENNEDY, JEFFREY M NAME NAME 763 MARYWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7P PANAMA CITY, FL 32405 COY-ST-7P TITLE ☐ Delete me Chance Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20P CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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: SIGNATURE OF TYPES OF REPORTED MANE OF SEAMING MANAGERG MEMBERS, MANAGER, OR AUTHORIZED REPRESENTATIVE

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