

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90074 046 ****50.00

DOCUMENT # L05000085351 1. Entity Name JENNIFER HODLER STUCCO LLC																																																																																															
Principal Place of Business P O BOX 1071 YOUNGSTON, FL 32466 AM				Mailing Address P O BOX 1071 YOUNGSTON, FL 32466 AM																																																																																											
2. Principal Place of Business PANAMA City		3. Mailing Address 313 Linda Ave																																																																																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		08282006 Chg-LLC CR2E083 (11/05)																																																																																											
City & State PANAMA City FLA		City & State PANAMA City FLA		FEI Number 1280614399																																																																																											
Zip 32401		Country USA		Applied For Not Applicable																																																																																											
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																																																																													
6. Name and Address of Current Registered Agent HODLER, JENNIFER J 8735 TOWER RD PANAMA CITY, FL 32409				7. Name and Address of New Registered Agent Name Jennifer Hodler Street Address (P.O. Box Number is Not Acceptable) 313 Linda Ave City Panama City FL Zip Code 32401																																																																																											
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 Jennifer Hodler JENNIFER HODLER DATE 8-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																															
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State																																																																																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MANAGER</td> <td>Jennifer Hodler</td> <td>313 Linda Panama City FLA</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>32401</td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		MANAGER	Jennifer Hodler	313 Linda Panama City FLA					32401																																10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																								
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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: Jennifer Hodler JENNIFER HODLER DATE 8-28-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																															