

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90048 022 ****50.00

DOCUMENT # L05000099458	
1. Entity Name J. PIERGIOVANNI BUILDING CO., LLC	



Principal Place of Business 7225 CAPE SAN BLAS ROAD PORT ST. JOE, 32456 US	Mailing Address 7225 CAPE SAN BLAS ROAD PORT ST. JOE, 32456 US
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20002729

2. Principal Place of Business 7525 CAPE SAN BLAS RD.	3. Mailing Address 7525 CAPE SAN BLAS RD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PORT ST JOE, FL	City & State PORT ST JOE, FL
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Zip 32456	Country US	Zip 32456	Country US
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01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3677273	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COSTIN, CHARLES A 413 WILLIAMS AVE PORT ST JOE, FL 32456	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERGIOVANNI, JEROME D 7225 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7525 CAPE SAN BLAS RD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERGIOVANNI, CLEMENT J 7225 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7525 CAPE SAN BLAS RD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERGIOVANNI, JUSTIN D 7225 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7525 CAPE SAN BLAS RD.
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: <i>Jerome D. Piergianni</i>	1-23-06	850-229-9409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #