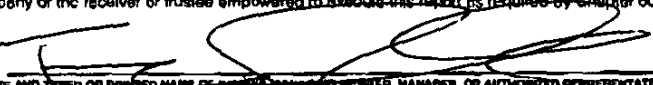


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

01-29-2007 90142 046 ****50.00

07-05-2007 90154 044 ****50.00

DOCUMENT # L06000004554			
1. Entity Name T. JERULLE CONSTRUCTION, LLC			
Principal Place of Business 119 TORREY PINES POINT NAPLES, FL 34113		Mailing Address 119 TORREY PINES POINT NAPLES, FL 34113	
2. Principal Place of Business - No P.O. Box # 2640 GOLDEN GATE PKWY.		3. Mailing Address 2640 GOLDEN GATE PKWY.	
Suite, Apt. #, etc. SUITE 106		Suite, Apt. #, etc. SUITE 106	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34117	Country USA	Zip 34117	Country USA
6. Name and Address of Current Registered Agent TREISER, COLLINS & VERNON, PL 3080 TAMiami TRAIL EAST NAPLES, FL 34112		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 retreating) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		7/3/07 (239) 289-5400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER REQUIRED: MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

40122001



07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
16-1746434 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required