

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020045

Entity Name: KJF BUILDERS, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

14727 CALUSA PALMS DRIVE
FT. MYERS, FL 33919 US

New Principal Place of Business:

14727 CALUSA PALMS DRIVE
104
FT. MYERS, FL 33919 US

Current Mailing Address:

14727 CALUSA PALMS DRIVE
104
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 20-4371332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLLIARD, KENNETH J
14727 CALUSA PALMS DRIVE
104
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOLLIARD, KENNETH J
Address: 14727 CALUSA PALMS DRIVE
City-St-Zip: FT. MYERS, FL 33919 US

Title: MGR () Delete
Name: FOLLIARD, KENNETH J JR.
Address: 14727 CALUSA PALMS DRIVE
City-St-Zip: FT. MYERS, FL 33919 US

Title: MGR () Delete
Name: FILLIARD, THOMAS
Address: 14727 CALUSA PALMS DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEN J. FOLLIARD

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date