2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State
03-16-2007 90155 045 ****50.00

DOCUMENT # L06000040511

1. Entity Name
JASON K. CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
125 RICH LANE HAVANA, FL 32333 US	125 RICH LANE HAVANA, FL 32333 US

600240U0

02122007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
208 concord Bainbridge	208 concord Bainbridge rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Havana, Florida	City & State: Havana, Florida
Zip: 32333 Country: U.S.A.	Zip: 32333 Country: U.S.A.

4. FEI Number 20-1092694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, JASON K 125 RICH LANE HAVANA, FL 32333	Name: Jason K. Smith Street Address (P.O. Box Number is Not Acceptable): 208 concord Bainbridge rd. City: Havana FL Zip Code: 32333

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 [signature] DATE 2-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JASON K 125 RICH LANE HAVANA, FL 32333	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRm Smith, Jason K. 208 concord Bainbridge rd. Havana, Fl. 32333	☒ 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

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: [signature] 2-14-07 850-345-7153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #