FILED
Jun 06, 2007 8:00 am
Secretary of State
05-09-2007 90034 019 \*\*\*\*50.00

1. Entity Name	MENT # L0600007-2 TRUCTION L.L.C.	3034				<b>ນ</b> v	<b></b>	
Principal Place 10610 BENEV TAMPA, FL 33	VA DR	Mailing Address 10610 BENEVA DR TAMPA, FL 33647	10610 BENEVA DR			III <b>91</b> 03 EVIN 8610 8518 65	MI 4603 WH COURT MEE NIC	OICCED W 1881
2. Principal Pia	face of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #		Suite, Apt. #, etc.			01222007		CR2E083 (12/06	<u> </u>
City & State		City & State			4. FEI Numb	01-08	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Applied For Not Applicable
Zip	Country	Ζiρ	Count	try				dditional red
<del></del>	5. Name and Address of Current	t Registered Agent		Name	7. Name en	d Address of New I	Pegistered Agent	
STRBA, JA 10610 BEN TAMPA, FL	NEVA DR		<u> </u>		(P.O. Box Numb	ber is Not Acceptab		
	,		ŀ	City			FL Zip Co	de
Fit	Squaze, head or private care of increased again illing: Fee is \$50.00 ue by May 1, 2007	I and one if applicable. (NOT	E: Registerer	nd Agent signature require	ed when renations)		DATE ke check payable to la Department of St	
9.	MANAGING MEMB	JERS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRBA JAN 10610 BENEVA DR TAMPA, FL 33647	☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP		☐ Celeta		<b>I</b>			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deleta	TITLE MAJA STRE	.E			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detets		· ·			☐ Change	e 🔲 Addition
TITLE HAME STREET ADORESS CITY+ST-ZP		Deleta		1			☐ Change	a 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deteta	CITY	ME REET ADDRESS Y-ST-ZEP			☐ Change	
11. I hereby of indicated limited liab	certify that the information supplied will on this report is true and accurate an ability company or the receiver entruster.	with this filing does not qualify for the thing the thin	e the same s report es	ne legal affect as if as required by Chap	made under oa pter 608, Florida	th; that I am a mana a Statutes.	further certify that the ir aging member or mana	ger of the

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #106 <del>0000</del> 73 1. Entity Name SJ CONSTRUCTION L.L.C.	3034						2 N 1 SP		
Principal Place of Business	]		ATTACHMENT						
10610 BENEVA DR TAMPA, FL 33647	10610 BENEVA DR TAMPA, FL 33647			ATTACHMENT 30009920					
2. Principal Place of Business - No P.O. Box #	3. Mailing Address			'				<i>V</i> 0	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01222007	Chg-LLC	CR2E083 (1	12/06)	flu		
City & State	City & State			4. FEI Number 01-08 72 7 43 Applied for Not Applied for					
Zip Country	Zip	Country	,	5. Certificate	of Status Desired		00 Add Required		
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name						
STRBA, JAN 10610 BENEVA DR TAMPA, FL 33647			Street Address (P.O. Box Number is Not Acceptable)						
			City				Zip Code		
The above named entity submits this statement for the stateme	or the nurcose of chancing its		Office or register	red spent or bo	hin the State of Fig.	ГЬ			
the obligations of registered agent.	о из рогрозо от стануну по	registereu	Unice or register	ido agonic or oc	01, 111 the State Of FR	AIOG. 1 BITT 1851 BIT	ear wildit, i	ano accept	
SIGNATURE	rand tide if applicable. (NOT	E: Registered A	gent signeture required	d when rememberg)	·	DATE			
Filing Fee is \$50,00 Due by May 1, 2007				ı		a check payab Department o		,	
9. MANAGING MEMB	ERS/MANAGERS  Delete	10.	1		ADDITIONS		Change		
NAME STRBA, JAN STRETADRESS 10610 BENEVA DR CITY-ST-ZP TAMPA, FL 33847	. ·	NAME	ADORESS 1-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Deteté	TITLE NAME STREET A	ADDRESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME	ADDRESS		<u> </u>		Change	Addition	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET /	ADDRESS 1- ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Delete	TITLE MAME STREET A	ADDRESS I-IDP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deleta	TITLE NAME STREET	ADDRESS 1-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 path; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE:  SIGNAT									