

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/ FILED
Aug 11, 2008 8:00 am
Secretary of State

07-09-2008 90048 007 ***138.75
08-11-2008 90027 040 ***400.00

DOCUMENT # L06000073507	
1. Entity Name J. FREDERICK CONSTRUCTION, LLC	

Principal Place of Business 1887 FINN HILL DRIVE BOYNTON BEACH, FL 33426	Mailing Address 1887 FINN HILL DRIVE BOYNTON BEACH, FL 33426
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00000261



2. Principal Place of Business - No P.O. Box # 260 N.W. 67th ST	3. Mailing Address 260 N.W. 67th ST
Suite, Apt. #, etc. #207	Suite, Apt. #, etc. #207
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33487	Zip 33487

01112008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEINMANN, JOHN FREDERICK JR. 1887 FINN HILL DRIVE BOYNTON BEACH, FL 33426		Name _____ Street Address (P.O. Box Number is Not Acceptable) 260 N.W. 67th ST. #207 City BOCA RATON FL Zip Code 33487	

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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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: STEINMANN, JOHN FEDERICK JR. 1887 FINN HILL DRIVE BOYNTON BEACH, FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 260 N.W. 67th ST., #207 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: STEINMANN, JOHN FEDERICK III 1887 FINN HILL DRIVE BOYNTON BEACH, FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 260 N.W. 67th ST. #207 BOCA RATON, FL 33487
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 606, Florida Statutes.

SIGNATURE: John F. Steinmann III JOHN F. STEINMANN III
MGRM 3/14/08 (561) 702-1241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #