

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90184 040 ****55.00

DOCUMENT # L06000073585 1. Entity Name JIM FOOTE CONSTRUCTION L.L.C.					
Principal Place of Business 5505 N OCEAN BLVD 4101 OCEAN RIDGE, FL 33435			Mailing Address 5505 N OCEAN BLVD 4101 OCEAN RIDGE, FL 33435		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 317 MAIN ST Suite, Apt. #, etc.		03252007 Chg-LLC CR2E083 (12/06)	
City & State ROSEVILLE VA		City & State ROSEVILLE VA		4. FEI Number 20-5308920	
Zip 22539		Country US		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOOTE, JAMES 5505 N OCEAN BLVD 4101 OCEAN RIDGE, FL 33435				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 <u><i>James A. Foote</i></u> JAMES A. FOOTE 7 APR 07 Signature typed or printed name of registered agent and the 7 applicable (NOTE: Registered Agent signature required when retreating) DATE					
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	MGR FOOTE, JAMES 5505 N OCEAN BLVD 4101 OCEAN RIDGE, FL 33435	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOOTE, GEORGENE 5505 N OCEAN BLVD 4101 OCEAN RIDGE, FL 33435	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOOTE, JAMES P 505 SE 5TH CIR BOYNTON BEACH, FL 33435	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, EDDIE 505 SE 5TH CIR BOYNTON BEACH, FL 33435	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u><i>James A. Foote</i></u> JAMES A. FOOTE 7 APR 07 809 453 5390 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone					