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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000094935			
1. Entity Name ON J. SHARD AT IT, LLC BMC Construction, LLC			
Principal Place of Business 4047 BROWNSLANDING RD PALATKA, FL 32177		Mailing Address 4047 BROWNSLANDING RD PALATKA, FL 32177	
2. Principal Place of Business - No P.O. Box # 10607 Lamancha Ave		3. Mailing Address Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State	
Zip 32257		Country	
6. Name and Address of Current Registered Agent STUMBO, WANDA M 755 HWY 17 SOUTH SAN MATEO, FL 32187		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 _____ (NOTE: Registered Agent's signature required when reappointing) 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 FINDLEY, CLUSTER E 4047 BROWNSLANDING RD PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ Change ☒ Addition MGR Randy B. Thompson 10607 Lamancha Ave Jacksonville FL 32257	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete MGR DIXON, JERRY A 4047 BROWNSLANDING RD PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☒ Addition MGR Michael J. Sodomie 10607 Lamancha Ave Jacksonville FL 32257	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete MGR HOYT, SHERRY A 4047 BROWNSLANDING RD PALATKA, FL 32177		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	
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	
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: X Randy Thompson		Date: 1/13/07 904-887-6846	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			