2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000107201 01-29-2007 90146 011 ****55.00 JOHN TRENT CONSTRUCTION, LLC Principal Place of Business Mailing Address 1831 WINDSWEPT OAK LANE **1831 WINDSWEPT OAK LANE** 60010166 FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business - No P.O. Box # 1678 S. 8th Stree 3. Mailing Address P.O. Box 15007 Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Beach, FL Beach ternandina 20-5839199 Fernand Not Applicable Country USA Country \$5.00 Additional 5. Certificate of Status Desired 2035 52034 **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRENT, JOHN E 1831 WINDSWEPT OAK LANE Street Address (P.O. Box Number is Not Acceptable) FERNANDINA BEACH, FL 32034 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM TITLE ☐ Delete TITLE Change **Addition** Trent, Michael G. TRENT, JOHN E NAME NAME 131 S. With St STREET ADDRESS 1831.WINDSWEPT OAK LANE STREET ADDRESS Fernandina Beach, FL 32034 CITY-ST-ZP FERNANDINA BEACH, FL 32034 CITY-ST-71P Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eceiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jan 29, 2007 8:00 am