

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90071 031 \*\*\*\*55.00

<b>DOCUMENT # L06000112158</b>					
<b>1. Entity Name</b> J C RENOVATIONS L.L.C.					
<b>Principal Place of Business</b> 105 AVE. D, #114 MARATHON, FL 33050 US			<b>Mailing Address</b> 105 AVE. D, #114 MARATHON, FL 33050 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 662 97th ST.		<b>3. Mailing Address</b> 662 97th ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MARATHON FL		<b>City &amp; State</b> MARATHON FL		<b>4. FEI Number</b> 84-1726698	
<b>Zip</b> 33050		<b>Country</b> MONROE		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CHIODO, JOHN 105 AVE. D, #114 MARATHON, FL 33050			<b>7. Name and Address of New Registered Agent</b> Name: CHIODO, JOHN Street Address (P.O. Box Number is Not Acceptable): 662 97th ST. City: MARATHON FL Zip Code: 33050		
<b>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.</b> SIGNATURE: JOHN CHIODO <i>John Chiodo</i> DATE: 4-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM CHIODO, JOHN 105 AVE. D, #114 MARATHON, FL 33050	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM MULLEN, MARK 317 2ND TERRACE KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM DIMAGGIO, MIKE 426 LIME DR. KEY LARGO, FL 33037	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>John Chiodo</i>			4-27-07 305 923-9207		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		