


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-12-2007 90308 002 ****50.00

| | |
|--|---|
| DOCUMENT # L06000116666 |  |
| 1. Entity Name JASON D HALL CONSTRUCTION LLC | |

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|---|---|
| Principal Place of Business 10318 NE HWY 315 FT MCCOY, FL 32134 | Mailing Address 10318 NE HWY 315 FT MCCOY, FL 32134 |
|---|---|

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|---|---|
| 2. Principal Place of Business - No P.O. Box # 10318 NE HWY 315 | 3. Mailing Address 10318 NE HWY 315 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

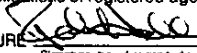
| | |
|-------------------------------------|-------------------------------------|
| City & State FT MCCOY, FL | City & State FT MCCOY, FL |
| Zip 32134 | Zip 32134 |
| Country USA | Country USA |



02052007 Chg-LLC CR2E083 (12/06)

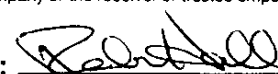
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|---|--|
| 6. Name and Address of Current Registered Agent HALL, ROBIN L 10318 NE HWY 315 FT MCCOY, FL 32134 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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|---|--------------------|
| 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  MGR | DATE 2-6-07 |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---------------------------------|-----------------------|---|
| TITLE MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HALL, JASON D | | NAME | |
| STREET ADDRESS 10318 NE HWY 315 | | STREET ADDRESS | |
| CITY-ST-ZIP FT MCCOY, FL 32134 | | CITY-ST-ZIP | |
| TITLE MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HALL, ROBIN L | | NAME | |
| STREET ADDRESS 10318 NE HWY 315 | | STREET ADDRESS | |
| CITY-ST-ZIP FT MCCOY, FL 32134 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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| 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:  | DATE: 2-6-07 DAYTIME PHONE: 352-368-3625 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | |