. 20	007 LIMITED LIA ANNUAL	BILITY CON REPORT	MPANY	,			_	
DOCUMENT # L06000116737 1. Entity Name TRIPPLE J CONSTRUCTION LLC					FILED 07 MAY II AM II: 18			
Principal Place 1778 DAX CT TALLAHASSE		Mailing Address 1778 DAX CT TALLAHASSEE, FL 32	2308		BKT		Y OF STATE SEF. FLORIDA	Rau s 117 f au s
2. Principal P 5665 Suite, Apt.	tace of Business - No P.O. Box # S.D Co Rd 14 #, etc.	3. Mailing Address SGDS S.W Suite, Apt. #, etc.	CORO	14	04302007	Chg-LLC	CR2E083 (12/06)	
Zip	ison Morida	Mity & Fitate Madi Son Zip	Florid		4. FEI Numbe	r of Status Desired	\$5.00 Ad	
3230	6. Name and Address of Current F	32340	madi	son			Fee Require Registered Agent	ed
		tegisterod Hyern	Na	me				
FEAD, JAMERSON 1778 DAX CT TALLAHASSEE, FL 32308				Street Address (P.O. Box Number is Not Acceptable)				
			City	/			FL Zip Cod	le le
	named entity submits this statement for ions of registered agent.	the purpose of changing i	its registered offi	ice or register	ed agent, or bot	n, in the State of F		, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title of applicable. (NK	OTE: Registered Agent	Signature tensuired	when renstation)	<u> </u>	DATE	
<u>.</u>				Billion o Iodanon				
Filing Fee is \$50.00 Due by May 1, 2007				BK			ke check payable to la Department of Stat	te
9.	MANAGING MEMBE		10.			ADDITIONS	CHANGES	
RTLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM FEAD, JAMESON 1778 DAX CT TALLAHASSEE, FL 32308	Delete	TITLE NAME STREET ADD CITY-ST-ZIF		je or 7		= change 3131639]12001 ***5	Addition 3 10.00
MLE			TIFLE		027	<u> - 47 UI UII</u>	<u></u> ☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADD CITY-ST-ZIF					
TITLE NAME STREET ADDRESS City-st-zip		Delete	TITLE NAME STREET ADD CITY-ST-ZIF	~ I			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADD CITY-ST-ZIF	1			Change	Addition
TITLE NAME STREET ADDRESS		Delete	TIFLE NAME STREET ADD CITY-ST-ZH	1			Change	Addition
CITY-ST-ZIP		Delete	TITLE				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			STREET ADD CITY-ST-ZIE					
ITTLE NAME STREET ADDRESS CITY-ST-ZIP 11. 1 hereby (• indicated	certify that the information supplied with I on this report is true and accurate and billity company or the receiver or trustee	that my signature shall hav	STREET ADD CITY-ST-24 for, the exemptio re the same lega	ns contained i	hade under oath	that I am a mana	further certify that the info ging member or manage	ormation er of the
ITTLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated imited fia	I on this report is true and accurate and ability company or the receiver or trustee	that my signature shall hav	STREET ADD CITY-ST-24 for, the exemptio re the same lega	ns contained i	nade under oath: Ier 608, Florida S	that I am a mana Itatutes.	further certify that the infi iging member or manag	ormation er of the
ITTLE NAME STREET ADDRESS CITY-ST-ZP 11. I hereby (* indicated	I on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have empowered to execute the	STREET ADD CITY-ST-2I for the exemptio ve the same lega is report as requ	ns contained I effect as if m ired by Chapt	hade under oath ter 608, Florida S	that I am a mana	further certify that the inf ging member or manage Daytme Proce	ormation er of the