2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT #L07000114739

1. Entity Name

MITCHELL JAGGAR CONSTRUCTION L.L.C.

FILED
08 MAY -1 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1555 DELANEY DR., APT #1613 TALLAHASSEE FL 32309	1555 DELANEY DR., APT #1613 TALLAHASSEE FL 32309

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1950 N. Point Blvd.	1950 N. Point Blvd.
Suite, Apt. #, etc.: 1018	Suite, Apt. #, etc.: 1018
City & State: Tallahassee, Florida	City & State: Tallahassee, Florida
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAGGAR, MITCHELL 1555 DELANEY DR., APT #1613 TALLAHASSEE FL 32309	Name: Mitchell Jaggar Street Address (P.O. Box Number is Not Acceptable): 1950 N. Point Blvd. Apt # 1018 City: Tallahassee FL Zip Code: 32308

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: M Mitchell Jaggar — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: April 29 2008

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JAGGAR, MITCHELL 1555 DELANEY DR., APT #1613 TALLAHASSEE FL 32309	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Jaggar, Mitchell 1950 N. Point Blvd Apt. # 1018 Tallahassee, Florida 32308	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mitchell Jaggar Mitchell Jaggar May 1 2008 850-491-6772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #