

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094898

Entity Name: KJE CONSTRUCTION, LLC

FILED  
Apr 10, 2009  
Secretary of State

## Current Principal Place of Business:

3225 SOUTHSIDE BLVD., SUITE 2  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

3225 SOUTHSIDE BLVD., SUITE 2  
JACKSONVILLE, FL 32216

## New Mailing Address:

PO BOX 17156  
JACKSONVILLE, FL 322457156

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DURDEN, MARY  
3225 SOUTHSIDE BLVD., SUITE 2  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

DURDEN, MARY S VP  
3225 SOUTHSIDE BLVD., SUITE 2  
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: MARY S. DURDEN

04/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition  
Name: JENNISON, ELIZABETH K PRES.  
Address: 3225 SOUTHSIDE BLVD. SUITE #2  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST ( ) Change (X) Addition  
Name: JENNISON, CAROLINE K ST  
Address: 3225 SOUTHSIDE BLVD., SUITE #2  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROLINE K. JENNISON

ST

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date