


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90093 012 \*\*\*138.75

**DOCUMENT # L06000045078**

1. Entity Name  
**H. JAMES INVESTMENTS, LLC.**



Principal Place of Business      Mailing Address

11 S. SWINTON AVENUE      11 S. SWINTON AVENUE  
 DELRAY BEACH FL 33444      DELRAY BEACH FL 33444  
 US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**90 S.E. 4th Ave**      **90 S.E. 4th Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**#1**      **#1**

2nd MOORE      CR2E083 (4/08)

City & State      City & State

**Delray Beach, FL**      **Delray Beach, FL**

Zip      Country      Zip      Country

**33483**      **PAIM Bch.**      **33483**      **Palm Bch**

4. FEI Number      Applied For

**20-4868022**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARBONE, LOUIS J**  
**11 S. SWINTON AVENUE**  
**DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**90 S.E. 4th Ave**  
**#1**

City      State      Zip Code

**Delray Beach**      **FL**      **33483**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75**  
**Make Check Payable to Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CARBONE, LOUIS J	
STREET ADDRESS	11 S. SWINTON AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CARBONE, KATHRYN J	
STREET ADDRESS	11 S. SWINTON AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>90 S.E. 4th Ave #1</b>	
CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>90 S.E. 4th Ave #1</b>	
CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** \_\_\_\_\_ **8/20/08 561-272-0282**

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