

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000034330			
1. Entity Name JAMES TALKIE CUSTOM HOMES & RENOVATIONS, LLC			
Principal Place of Business 611 TREMONT STREET SARASOTA FL 34242		Mailing Address 611 TREMONT STREET SARASOTA FL 34242	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/06)

4. FEI Number 20-1088467		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TALKIE, JAMES L 611 TREMONT STREET SARASOTA FL 34242		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 _____
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR TALKIE, JAMES L 611 TREMONT STREET SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000605890 01/30/07-80047-020-55-00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/07 941-266 3731

Date

Daytime Phone #