

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90001 029 ****50.00

DOCUMENT # L00000002892

1. Entity Name-

JAMES LAST PRODUCTIONS, L.L.C.



Principal Place of Business

14706 MAIN STREET
ALACHUA FL 32615

Mailing Address

P.O. BOX 519
ALACHUA FL 32616

94007772



MOORE CR2E083 (11/03)

2. Principal Place of Business

14420 NW 151 Blvd.

3. Mailing Address

Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

4. FEI Number

59-3633233

Applied For

Not Applicable

Zip

32615

Country

USA

Zip

Country

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

TOMPKINS, DARRYL J
14706 MAIN STREET
ALACHUA FL 32615

14420 NW 151 Blvd.

Name

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

City

FL

Zip Code

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] DARRYL J. TOMPKINS

1/26/04

Signature, typed or printed name of registered agent and title 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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LAST, HANS
STREET ADDRESS 13480 OAKMEADE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE MGR ☐ Delete
NAME LAST, CHRISTINE
STREET ADDRESS 13480 OAKMEADE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE MGR ☐ Delete
NAME TOMPKINS, DARRYL J
STREET ADDRESS 14706 MAIN STREET
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

[Signature] DARRYL J. TOMPKINS

DATE

Daytime Phone #

MANAGER

1/26/04 (386) 418-1000