

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000002892	
1. Entity Name JAMES LAST PRODUCTIONS, L.L.C.	

Principal Place of Business 14420 NW 151 BLVD ALACHUA FL 32615	Mailing Address P.O. BOX 519 ALACHUA FL 32616
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 59-3633233		☐ Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMPKINS, DARRYL J 14420 NW 151 BLVD ALACHUA FL 32615		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

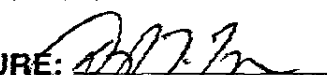
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature 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, 2006		U00000504750 04/26/06-80084-024 50.00
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	☐ Delete		TITLE	NAME	☐ Change	☐ Add
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
MGR	LAST, HANS						
13480 OAKMEADE	PALM BEACH GARDENS FL 33418						
MGR	LAST, CHRISTINE						
13480 OAKMEADE	PALM BEACH GARDENS FL 33418						
MGR	TOMPKINS, DARRYL J						
14420 NW 151 BLVD	ALACHUA FL 32615						

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 609, Florida Statutes.

SIGNATURE:  **DARRYL J. TOMPKINS**
MANAGER 4/10/06 (386) 418-1000