2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000002892

1. Entity Name

JAMÉS 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

FILED Mar 05, 2008 08:00 A Secretary of State



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3633233

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

TOMPKINS, DARRYL J 14420 NW 151 BLVD ALACHUA, FL 32615

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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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000848382 03/20/08-80013-022 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAST, HANS 13480 OAKMEADE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAST, CHRISTINE 13480 OAKMEADE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMPKINS, DARRYL J 14420 NW 151 BLVD ALACHUA, FL 32615
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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:

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

3/4/08

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