



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015501	
1. Entity Name JAMESON BALLOON COMPANY, LLC	

Principal Place of Business 804 LONGBOW TRAIL OSPREY, FL 34229	Mailing Address 804 LONGBOW TRAIL OSPREY, FL 34229
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 21 AM 11:04

**DO NOT WRITE IN THIS SPACE**

	
05222006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 04-3675034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCK, RYAN J  
804 LONGBOW TRAIL  
OSPREY, FL 34229

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

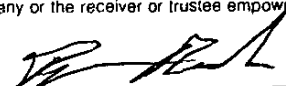
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROCK, RYAN J 804 LONGBOW TRAIL OSPREY, FL 34229
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05/30/06 90184 030 \$50.00

**COPY**

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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:  6/21/06 941 650-8035

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