

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000030700

1. Entity Name
JONATHAN JAMES, LLC



Principal Place of Business
**140 N. WESTMONTE DRIVE, SUITE 204
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**140 N. WESTMONTE DRIVE, SUITE 204
ALTAMONTE SPRINGS, FL 32714**



06302004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2069609

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, JONATHAN A
140 N. WESTMONTE DRIVE, STE 204
ALTAMONTE SPRINGS, FL 32714**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **WHITE, JONATHAN A**
STREET ADDRESS **4112 TALL TREE DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32810**

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07/07/04-80023-003 50.00

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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: *Jonathan White* **Jonathan White** *6/30/04* **407-389-0280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #