2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030700

1. Entity Name
JONATHAN JAMES, LLC

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

DO NOT WRITE IN THIS SPACE

04032005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
41-2069609	Not Applicable

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

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6. Name and Address of Current Registered Agent

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

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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.

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 May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	WHITE, JONATHAN A
STREET ADDRESS	4112 TALL TREE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/05-80063-014 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: _____   4/6/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #