

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

06-09-2003 90004 035 ****50.00

DOCUMENT # L02000035165

1. Entity Name

IV JAMES, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

309 B BLACKSHEAR DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY FL

City & State

4. FEI Number

06-1667267

Applied For

Not Applicable

Zip

32404

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CAROLYN SWOPE

Street Address (P.O. Box Number is Not Acceptable)

309 B BLACKSHEAR DR

City

PANAMA CITY

FL

Zip Code

32404

**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]

5/30/03

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRES Managing Member
JAMES E ROBERTS
309 B BLACKSHEAR DR
PANAMA CITY FL 32404

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TRES Managing Member
CAROLYN SWOPE
309 B BLACKSHEAR DR
PANAMA CITY FL 32404

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

850
5/30/03 871-5672

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

Date

Daytime Phone #

CR2E083B (1/2002)