

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-21-2004 90459 001 ****25.00
04-21-2004 90459 002 ****25.00

DOCUMENT # L03000000740					
1. Entity Name JAMES HOLDINGS, LLC					
Principal Place of Business 804 S.E. 1ST STREET BOYNTON BEACH, FL 33431			Mailing Address 804 S.E. 1ST STREET BOYNTON BEACH, FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1568334	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOLOMON, MARC I 2600 N. MILITARY TRAIL STE 290 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
Member Management ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Scott Pardew 10 Harbor Dr. So. Ocean Ridge, FL 33435			☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Member ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Michelle Pardew 10 Harbor Dr. So. Ocean Ridge, FL 33435			☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Manager ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Billy W. Pendergrass 1311 SW 2nd St. Boynton Beach, FL 33435			☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Manager ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Tribby S. Pendergrass 1311 SW 2nd St. Boynton Beach, FL 33435			☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Billy Pendergrass</i></u> Member				Date: <u>4/16/04</u> Daytime Phone: <u>561-734-2831</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					