

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90157 001 ****25.00
04-19-2007 90157 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**

00000000



04112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**SOLOMON, MARC I
2600 N. MILITARY TRAIL
STE 290
BOCA RATON, FL 33431**

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARDEW, SCOTT
10 HARBOR DR. SO.
OCEAN RIDGE, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARDEW, MICHELLE
10 HARBOR DR. SO.
OCEAN RIDGE, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PENDERGRASS, BILLY W
1311 SW 2ND ST.
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PENDERGRASS, TRILBY S
1311 SW 2ND ST.
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Trilby S. Pendergrass* **04/13/07** **561-731-2831**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #