

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 18 AM 8:10

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



02282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1568334	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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:

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

Date

Daytime Phone #

Trilby S. Pendergrass **TRILBY S. PENDERGRASS** 03/04/08 561-734-2831