


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90201 023 \*\*\*\*50.00

<b>DOCUMENT # L03000022378</b> 1. Entity Name <b>J.R. TERRELL, LLC</b>					
Principal Place of Business <b>3482 TIBET DRIVE</b> <b>GULF BREEZE, FL 32563 US</b>			Mailing Address <b>3482 TIBET DRIVE</b> <b>GULF BREEZE, FL 32563 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1012 DUNROBIN DR</b> Suite, Apt. #, etc.			
City & State		City & State <b>FRANKLIN TN</b>		4. FEI Number <b>20-0047648</b>	
Zip <b>37067</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TERRELL, JAMES R SR.</b> <b>3482 TIBET DRIVE</b> <b>GULF BREEZE, FL 32563</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reissuing) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TERRELL, JAMES R SR</b> <b>3482 TIBET DRIVE</b> <b>GULF BREEZE, FL 32563</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1012 DUNROBIN DR</b> <b>FRANKLIN TN 37067</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>James R. Terrell Sr. JAMES R. TERRELL SR.</u> 3-22-05 615-336-8315</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

20024428



03092005 Chg-LLC CR2E083 (10/03)