## 2004 LIMITED LIABILITY COMPANY

TITLE

NAME

STREET ADDRESS

CITY-ST-7/P

## **ANNUAL REPORT** DOCUMENT # L03000030378 05-04-2004 90018 049 \*\*\*\*50.00 1. Entity Name JAMESBURG, L.L.C. Principal Place of Business Mailing Address 24064702 C/O KENT HUFFMAN, ESQUIRE C/O KENT HUFFMAN, ESQUIRE 350 ROYAL PALM WAY STE. 409 350 ROYAL PALM WAY STE, 409 PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUFFMAN, KENT. Street Address (P.O. Box Number is Not Acceptable) 350 ROYAL PALM WAY STE. 409 PALM BEACH, FL 33480 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR. ☐ Delete TITLE : ☐ Change ☐ Addition NAME PALADINO, DAVID C NAME STREET ADDRESS 350 ROYAL PALM WAY STE. 409 STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IID F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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(3Xi), 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.

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

FILED May 04, 2004 8:00 am Secretary of State

☐ Change ☐ Addition