

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000044267**

1. Entity Name  
**JIM BOATWRIGHT CONSTRUCTION, LLC**



Principal Place of Business  
**5006 LAKELAND HIGHLANDS ROAD  
LAKELAND, FL 33813 US**

Mailing Address  
**5006 LAKELAND HIGHLANDS ROAD  
LAKELAND, FL 33813 US**



04132005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2138756**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOATWRIGHT, JAMES M  
5006 LAKELAND HIGHLANDS ROAD  
LAKELAND, FL 33813**

**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 reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BOATWRIGHT, JAMES M  
5006 LAKELAND HIGHLANDS ROAD  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U000000315418

04/19/05-80033-019 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**4-14-05 863-646-9441**

Date

Daytime Phone #

**JAMES M. BOATWRIGHT**