


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

03-15-2005 90349 019 ****50.00

DOCUMENT # L03000045458

1. Entity Name
JAMES EDWARD TOOLE, LLC



Principal Place of Business
**4941 WARMOUTH ROAD
VERNON, FL 32462**

Mailing Address
**4941 WARMOUTH ROAD
VERNON, FL 32462**

30003145



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

01072005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**TOOLE, JAMES E
4941 WARMOUTH ROAD
VERNON, FL 32482**

4. FEI Number

Applied For
 Not Applicable

8. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 rehashing) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOOLE, JAMES E 4941 WARMOUTH ROAD VERNON, FL 32462	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
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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.

SIGNATURE: *James Edward Toole* Date: *March 11, 2005* 850-535-4489

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