2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000047603

1. Entity Name
JAMES STEWART, LLC.

Principal Place of Business	Mailing Address
5 WESTFIELD PLACE PALM COAST, FL 32164 US	P O BOX 353737 PALM COAST, FL 32135 US

04052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0422081
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES
5 WESTFIELD PLACE
PALM COAST, FL 32164

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 _____ DATE
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, 2006

U00000500504
04/25/06-80024-021 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	STEWART, JAMES W
STREET ADDRESS	5 WESTFIELD PLACE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	MGRM
NAME	STEWART, NOLA
STREET ADDRESS	5 WESTFIELD PLACE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 605, Florida Statutes.

SIGNATURE: James W Stewart 4/6/06 386 446 3569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #