


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90090 048 ****50.00

DOCUMENT # L03000048398
 1. Entity Name
 JAMES LEWIS PRESSURE WASHING, L.L.C.




Principal Place of Business
 12155 STATE HIGHWAY 41 SOUTH
 GIBSONTON, FL 33534

Mailing Address
 12155 STATE HIGHWAY 41 SOUTH
 GIBSONTON, FL 33534

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

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

City & State
 Zip Country



08072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 02-0712386

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent
 ALFONSO, SUZETTE M ESQ.
 309 WEST MARTIN LUTHER KING, JR. BLVD
 TAMPA, FL 33603

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 _____ 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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEWIS, JAMES 12155 STATE HIGHWAY 41 SOUTH GIBSONTON, FL 33534 | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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 608, Florida Statutes.

SIGNATURE: James Lewis (James Lewis) 8-8-06 813-285-1673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #