



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000049649 1. Entity Name JAMES R. WARD MAINTENANCE, LLC	
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Principal Place of Business 5500 W. STATE STREET HOMOSASSA, FL 34446 US	Mailing Address 5500 W. STATE STREET HOMOSASSA, FL 34446 US
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DO NOT WRITE IN THIS SPACE

	
02072007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2355513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WARD, JAMES R 5500 W. STATE STREET HOMOSASSA, FL 34446

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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 re-registering)

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WARD, JAMES R 5500 W. STATE STREET HOMOSASSA, FL 34446
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02/19/07-80034-009 50.00

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: 	Date: Feb. 8, 2007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>	