

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90223 033 ****50.00

DOCUMENT # L03000053035					
1. Entity Name 318 SOUTH J.L.L.C.					
Principal Place of Business 1102 NORTH A STREET LAKE WORTH, FL 33460			Mailing Address PO BOX 789 LAKE WORTH, FL 33460		
2. Principal Place of Business 501 Sunrise Ct		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Worth, FL		City & State		4. FEI Number 65-1219440	
Zip 33460		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPKINS, JAMES M JR. 1102 NORTH A STREET LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name: Hopkins, James M JR Street Address (P.O. Box Number is Not Acceptable): 501 Sunrise Ct City: Lake Worth FL Zip Code: 33460		
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 reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME HOPKINS, JAMES M JR STREET ADDRESS 1102 NORTH A STREET CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		TITLE MGR NAME Hopkins, James M JR STREET ADDRESS 501 Sunrise Ct CITY-ST-ZIP Lake Worth, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME HOPKINS, DOUGLAS J STREET ADDRESS 1102 NORTH A STREET CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		TITLE MGR NAME Hopkins, Douglas J STREET ADDRESS 224 N. Lakeside Dr CITY-ST-ZIP Lake Worth, FL 33460	<input checked="" 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	
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	
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: _____			2-26-06 (561) 676 8789		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		