## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000054486  1. Entity Name						Mar 05, 2007 08:00 A Secretary of State				
JAMES C	CHANDLER L.L.C.	فأفحرن المسوي				Sec	eretai	y 01	State	
Principal Plac	ce of Business	Mailing Address		- Manual III						
5051 KIMBRELL DR		5051 KIMBRELL DR								
JACKSON	VILLE FL 32210	JACKSONVILLE FL	32210							
2. Principal Place of Businoss - No P.O. Box #		3. Mailing Address						E   5  <b>53  15  </b>   8	ilitaes fil faat	
Suito. Apt #, etc.		Suite, Apt. #, etc.					CR2E083	·	11 . 10	
City & State		City & State	City & State		4. FEI Nun	59-2189126	i	_ <del>  `</del>	oplied For ot Applicable	
Žip	Country	Zip	Country		5. Certifica	alo of Status Desired	<b>₽</b>	55.00 Add ee Require	litional d	
	6. Name and Address of Curre	nt Registered Agent			7. Name a	nd Address of New Re	gistered A	gent		
CH	ANDLER, JAMES		Namo							
505	51 KIMBRELL DR CKSONVILLE FL 32210				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	0	
3. The above	named entity submits this statement	I for the purpose of changing a	ıls registeri	ed office or regist	tored agent, or	both, in the State of Flor	ida. I am fa	ımiliar with,	and accept	
the obligat . IGNATURE	tions of registered agent.							_		
	Signature, typed or printed name of registered age	ent and title if applicable (NC	DIE: Registere	d Agent signature requi	red when reinstaling)	1	DATE			
		Make Check Paya	ble to Fid							
			·····	ay 1, 2007				<del></del>		
ITLE.	MANAGING MEM	BERS/MANAGERS  Delete	10.			ADDITIONS/C		☐ Change	☐ Addition	
IAME	CHANDLER, JAMES		NAMI	f				_ :	<del></del>	
TREET ADDRESS	5051 KIMBRELL DR			ET ADDIESS		U000009657 03/14/07-800	7215 557-658	. EE AC	ì	
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IBLET ADORESS				ET ADDRESS						
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AMI: IRELLADORESS			NAMI emi	L ET ADDRESS						
IIY-S1-7⊮				-ST-ZIP						
ITEE		☐ Delete	TITLE				1	☐ Change	Addition	
AMI:			NAME							
IREET ADDRESS HY-S1-71P				ETADDRESS -ST-ZIP						
1. I horoby o	certify that the information supplied v	with this filing does not qualify	for the ex	comptions contain	ned in Section	119, Florida Statutes. I (	urthor cortif	y that the ir	nformation	
indicated limited lial	on this report is true and accurate a bility company or the receiver or true	and that my signature shall has slee empowered to execute the	nis report a	ne legal offect as is required by Ch	s it made under apter 608, Flori	oath; that I am a mana da Statules	aging momb	er or mana	iger of the	

SIGNATURE: 3/2/07 904-771-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

October 1904-771-1411