


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRET  
TALLAHASSEE

<b>DOCUMENT # L03000056921</b>	
1. Entity Name <b>JAMES KAUFMAN GENERAL CONTRACTING LLC.</b>	

**FILED**

05 APR -7 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>905 OAKLANDS PLANTATION DR MONTICELLO, FL 32344</b>	Mailing Address <b>905 OAKLANDS PLANTATION DR MONTICELLO, FL 32344</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>80-0106978</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>KAUFMAN, JAMES 905 OAKLANDS PLANTATION DR MONTICELLO, FL 32344</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KAUFMAN, JAMES 905 OAKLANDS PLANTATION DR MONTICELLO, FL 32344</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**700050694417**  
04/14/05--01011--001 \*\*55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Kaufman **JAMES KAUFMAN** 2-12-05 850-997-7148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #