


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000005229</b>	
1. Entity Name <b>JIMMY BATES, LLC</b>	

Principal Place of Business <b>11883 NW GLORY HILL ROAD ALTA, FL 32421</b>	Mailing Address <b>11883 NW GLORY HILL ROAD ALTA, FL 32421</b>
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**DO NOT WRITE IN THIS SPACE**



07032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>80-0092988</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BATES, JIMMY  
11883 NW GLORY HILL ROAD  
ALTA, FL 32421**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**U00000572287  
07/25/06-80024-001 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BATES, JIMMY 11883 NW GLORY HILL ROAD ALTA, FL 32421</b>
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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 606, Florida Statutes.

**SIGNATURE:** Jimmy Bates 7-20-06 762-3970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #