2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # L04000009473 1. Entity Name JAMES FUTCH, LLC Principal Place of Business Mailing Address 2241 FILLMORE DRIVE 2241 FILLMORE DRIVE DELTON, FL 32738 DELTON, FL 32738 CR2E083 (11/05) 04272006 No Cha-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 28-2560018 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \square Fee Required 6. Name and Address of Current Registered Agent FUTCH, JAMES DO NOT WRITE 2241 FILLMORE DRIVE DELTON, FL 32738 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE U00000551672 05/13/06-80111-003 50.00 FUTCH, JAMES NAME STREET ADDRESS P.O. BOX 5274 CITY-ST-ZIP DELTONA, FL 327285274 TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Zi2

SIGNATURE:

SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Date

Dayling Prone #

11. Thereby 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 employeed to execute this report as required by Chapter 608, Florida Statutes.