2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 29, 2005 8:00 am Secretary of State DOCUMENT # L04000014518 03-29-2005 90119 010 ****50.00 JAMES E. ALTOM, LLC Mailing Address Principal Place of Business 21510 N.E. HWY 315 FORT MCCOY FL 32134 21510 N.E. HWY 315 SUNCOTAT FORT MCCOY FL 32134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State 4. FEI Number City & State 34-1988666 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALTOM, JAMES E 🦠 Street Address (P.O. Box Number is Not Acceptable) 21510 NE HWY 315 FORT MCCOY FL 32134 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGINE MEMBERS / MANAGERS ADDITIONS/CHANGES 10. 9. MGR Delete TITLE Change ☐ Addition ALTOM, JAMES E NAME STREET ADDRESS STREET ADDRESS P.O. BOX 607 FORT MCCOY FL 32134 CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

AMES E Alton 3-9-05 546-2237

FILED