


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90119 010 \*\*\*\*50.00

<b>DOCUMENT # L04000014518</b>					
1. Entity Name <b>JAMES E. ALTOM, LLC</b>					
Principal Place of Business <b>21510 N.E. HWY 315 FORT MCCOY FL 32134</b>			Mailing Address <b>21510 N.E. HWY 315 FORT MCCOY FL 32134</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>34-1900666</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ALTOM, JAMES E 21510 NE HWY 315 FORT MCCOY FL 32134</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS / MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	ALTOM, JAMES E				
STREET ADDRESS	P.O. BOX 607				
CITY-ST-ZIP	FORT MCCOY FL 32134				
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