## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000029961

Entity Name: JAMES T. MOTES, LLC

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10322 NW 13TH LANE
GAINESVILLE, FL 32606 US
6465 CYPRESS SPRINGS PKWY
PORT ORANGE, FL 32128 US

Current Mailing Address: New Mailing Address:

10322 NW 13TH LANE
GAINESVILLE, FL 32606 US

6465 CYPRESS SPRINGS PKWY
PORT ORANGE, FL 32128 US

FEI Number: 01-0812520 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOTES, JAMES T JR.

10322 NW 13TH LANE
GAINESVILLE, FL 32606 US

MOTES, JAMES T JR.
6465 CYPRESS SPRINGS PKWY
PORT ORANGE, FL 32128 US

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.

SIGNATURE: 03/26/2008

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADD

Title: MGRM () Delete
Name: MOTES, JAMES T JR.
Address: 10322 NW 13TH LANE

Address: 10322 NW 13TH LANE
City-St-Zip: GAINESVILLE, FL 32606 US

 Title:
 MGRM () Delete

 Name:
 MOTES, MARY H

 Address:
 10322 NW 13TH LANE

 City-St-Zip:
 GAINESVILLE, FL 32606 US

 Title:
 MGRM
 ( ) Delete

 Name:
 MOTES, MARISA

 Address:
 10322 NW 13TH LANE

 City-St-Zip:
 GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: MOTES, JAMES T JR.

Address: 6465 CYPRESS SPRINGS PKWY City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGRM (X) Change ( ) Addition

Name: MOTES, MARY H

Address: 6465 CYPRESS SPRINGS PKWY City-St-Zip: PORT ORANGE, FL 32128 US

Title: MGRM (X) Change ( ) Addition

Name: MOTES, MARISA

Address: 6465 CYPRESS SPRINGS PKWY City-St-Zip: PORT ORANGE, FL 32128 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY MOTES MRS. 03/26/2008