

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

08-17-2005 90068 009 \*\*\*\*50.00

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| <b>DOCUMENT # L04000042893</b>   |  |  |   |  |   |
| <b>1. Entity Name</b><br>JAMES M. O'NEILL, L.L.C.  |  |  |   |  |   |
| <b>Principal Place of Business</b><br>25188 CATSKILL DR<br>BONITA SPRINGS, FL 34135  |  |  | <b>Mailing Address</b><br>25188 CATSKILL DR<br>BONITA SPRINGS, FL 34135 |  |   |
| <b>2. Principal Place of Business</b>  |  |  | <b>3. Mailing Address</b>   |  |   |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |  |   |
| City & State   |  |  | City & State  |  |   |
| Zip  |  | Country  |   | Zip  |   |
| Country  |  | Country  |   | 08012005    Chg-LLC    CR2E083 (10/03)   |   |
| <b>4. FEI Number</b><br>20-1289711   |  |  |   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable  |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required  |  |  |   | <b>6. Name and Address of Current Registered Agent</b>   |   |
| <b>7. Name and Address of New Registered Agent</b>   |  |  |   | <b>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.</b> |   |
| Name: <u>Dratler, Lucy</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>3504 23rd Ave SW</u><br>City: <u>Naples</u> FL    Zip Code: <u>34117</u>  |  |  |   | SIGNATURE: <u>Lucy Dratler</u> DATE: <u>8/3/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                      |   |
| <b>Filing Fee is \$50.00 Due by September 7, 2005</b>  |  | <b>Make check payable to Florida Department of State</b> |   |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>O'NEILL, JAMES M<br>25188 CATSKILL DR<br>BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete                          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |  |   |  |   |
| <b>SIGNATURE:</b> <u>James M. O'Neill</u> Date: <u>8/5/07</u>  |  |  |   | Daytime Phone #  |   |