2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000047648 1. Entity Name JIM DITTY WOODSMITH LLC				Feb 03, 2006 08:00 AM Secretary of State			
Principal Plac	e of Business	Mailing Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-			
4524 SE 13TH STREET							
Principal Place of Business 3. Mailing Address							
Sune, Apt. #, etc.		Suite, Apt. II, etc.	v	1st MOORE CR2E083 (10/05)			
City & Stat	ラ ハ	City & State		4. FE) Number 73-1708803	 + -	plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	S5.00 Addi	tional I	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent Name			
DITTY, JAMES R JR 4524 SE 13TH STREET OCALA FL 34471				Idress (P.O. Box Number is Not Acceptable)			
						. —	
			City		FL Zip Code	! 	
	named emity supmits this statement hons of registered agent. Signature, typict or pointed name of registered ag	ent and life it applicable (NOT)	E Registered Apent signature requi		CATE		
		Make Check Payab	DW!!! FEE IS \$50,00 le to Florida Departm e By May 1, 2006				
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/C			
NAME	MGR DITTY, JAMES R JR	☐ Detate	THLE NAME		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4524 SE 13TH STREET OCALA FL 34471		STREEN ADDRESS CNTY-ST-ZIP		3998 129-022 50.00		
TITLE NAME STREET ADDRESS C/TY-ST-ZIP		C.) Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS GHY-ST-ZIP		☐ Deteto	HILE NAME STREEL ADDRESS CHY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TIFLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
THILE MANAC STREET ADDRESS CHY-ST-IP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED