2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2005
Secretary of State

DOCUMENT# L04000049542

Entity Name: JAMES GIDDENS,LLC

Current Principal Place of Business:

87 FISH/INN FEVER BLVD.
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 446
FREEPORT, FL 32439

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GIDDENS, JAMES
87 FISH/INN FEVER BLVD
FREEPORT
FL, FL 32439 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GIDDENS, JAMES	
Address:	87 FISH/INN FEVER BLVD	
City-St-Zip:	FREEPORT, FL 32439	
Title:	MGRM	( ) Delete
Name:	JACKSON, CHRIS	
Address:	P.O. BOX 838	
City-St-Zip:	FREEPORT, FL 32439	
Title:	MGRM	( ) Delete
Name:	PETERS, DORIS	
Address:	P.O. BOX 838	
City-St-Zip:	FREEPORT, FL 32439	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES GIDDENS P 08/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date