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May 12, 2005 8:00 am
Secretary of State

04-18-2005 90075 034 ****55.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000056610

1. Entity Name
JOSHUA JAMES ACTON LLC

Principal Place of Business	Mailing Address
15420 LIVINSTON AVE. BUILDING 310 APT. 6 LUTZ, FL 33549	15420 LIVINSTON AVE. BUILDING 310 APT. 6 LUTZ, FL 33549

30000010

04032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
15420 Livingston Ave		15420 Livingston Ave.	
Suite, Apt. #, etc.: Apart #2816		Suite, Apt. #, etc.: Apart #2816	
City & State: Lutz, FL		City & State: Lutz, FL	
Zip: 33559	Country: USA	Zip: 33559	Country: USA

4. FEI Number 590-80-2184 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ACTON, JOSHUA J
15420 LIVINGSTON AVE.
BUILDING 310 APT. 6
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name: Acton, Joshua J.
Street Address (P.O. Box Number is Not Acceptable): 15420 Livingston Ave. Apart+2816
City: Lutz FL Zip Code: 33559

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 [signature] 4/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Joshua Acton 15420 Livingston AVE Apt 2816 Lutz FL 33559 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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.

SIGNATURE: [signature] / Joshua Acton 5/10/05 813-300-4629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #