


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90069 044 ****50.00

DOCUMENT # L04000057051 1. Entity Name JAME'S GRADING SERV., LLC	
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Principal Place of Business 4634 SUNSET RD. NAPLES FL 34116 <i>46</i>	Mailing Address 4634 SUNSET RD. NAPLES FL 34116
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2. Principal Place of Business <i>4634 Sunset Rd</i>	3. Mailing Address <i>4634 Sunset Rd.</i>
Suite, Apt. #, etc. <i>Apt C</i>	Suite, Apt. #, etc. <i>APT C.</i>

City & State <i>NAPLES FLA.</i>	City & State <i>NAPLES FLA</i>	4. FEI Number <i>26-012-1817</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34116</i>	Country <i>coller</i>	Zip <i>34116</i>	Country <i>coller</i>



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent WILLIAMS, JAMES 4634 SUNSET RD. NAPLES FL 34116	7. Name and Address of New Registered Agent Name <i>James E. Williams</i> Street Address (P.O. Box Number is Not Acceptable) <i>4634 Sunset Rd.</i> City <i>NAPLES</i> FL Zip <i>34116</i>
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JAMES 4634 SUNSET RD. NAPLES FL 34116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *James Earl Williams* Date *7/25/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #