## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

I hereby certify that the information supplied

indicated on this report is true and accurage

receiver of

limited liability company or the

SIGNATURE:

with this filing does not qualify for

## May 15, 2006 08:00 A Secretary of State DOCUMENT # L04000061942 1. Entity Name J.L.BISHOP & COMPANY, L.L.C. Principal Place of Business Mailing Address 8130 SE 45TH STREET NEWBERRY FL 32661 8130 SE 45TH STREET NEWBERRY FL 32661 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 56-2477295 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BISHOP, JAMES L Street Address (P.O. Box Number is Not Acceptable) 8130 SE 45TH STREET NEWBERRY FL 32661 City Zip Code 8. The above named entity submits this 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) applica FILE NOW!!! FEE.IS \$50.00 U00000564594 Make Check Payable to Florida Department of State 05/20/06-80081-008 50.00 Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change Addition TITLE MGR □ Delete TITLE NAME BISHOP, JAMES L. NAME STREET ADDRESS STREET ADDRESS 8130 SE 45TH STREET CITY-ST-ZIP CITY-ST-ZIP NEWBERRY FL 32669 ☐ Change ☐ Addition THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE - 📋 Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

the exemptions contained in Section 119, Florida Statutes. I further certify that the information

be 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 trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

**FILED**