

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000066402

1. Entity Name
JAMES E WILLARD LAWCARE, LLC



Principal Place of Business
383 HWY 98 EAST
DESTIN, FL 32541 US

Mailing Address

383 HWY 98 EAST
DESTIN, FL 32541 US

2. Principal Place of Business

4014 Commons Drive West

3. Mailing Address

Same

Suite, Apt. #, etc.

118

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Zip
32541

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

SHOLES, THOMAS D
383 HWY 98 EAST 4014 Commons Drive West, #118
DESTIN, FL 32541

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
41-6138419

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

4014 Commons Drive West, #118
Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

4014 Commons Drive West, #118
Destin, FL 32541

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
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Change Addition

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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 exemptions contained in Chapter 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:

Thomas D. Sholes

1-5-06 850 837-4141

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

Date

Daytime Phone #