


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90130 016 \*\*\*\*50.00

<b>DOCUMENT # L04000075477</b>			
1. Entity Name <b>JAMES J. PERRY, LLC</b>			
Principal Place of Business <b>150 SHAMROCK DRIVE VENICE FL 34293</b>		Mailing Address <b>150 SHAMROCK DRIVE VENICE FL 34293</b>	
2. Principal Place of Business <b>150 SHAMROCK DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>150 SHAMROCK DR</b> Suite, Apt. #, etc.	
City & State <b>VENICE FL.</b>		City & State <b>VENICE, FL.</b>	
Zip <b>34293</b>	Country <b>SARASOTA</b>	Zip <b>34293</b>	Country <b>SARASOTA</b>
6. Name and Address of Current Registered Agent <b>PERRY, JAMES J 150 SHAMROCK DRIVE VENICE FL 34293</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
		<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PERRY, JAMES J 150 SHAMROCK DRIVE VENICE FL 34293</b> <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 J Perry LLC 2-15-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #