

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075477

1. Entity Name
JAMES J. PERRY, LLC



Principal Place of Business
150 SHAMROCK DRIVE
VENICE, FL 34293

Mailing Address
150 SHAMROCK DRIVE
VENICE, FL 34293



02172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1103607

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, JAMES J
150 SHAMROCK DRIVE
VENICE, FL 34293

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
PERRY, JAMES J
150 SHAMROCK DRIVE
VENICE, FL 34293

TITLE
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CITY-STATE-ZIP

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000000145310
03/07/06-80040-013 \$5.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

DATE

Daytime Phone #

James J. Perry L.L.C.

2-21-06