


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000080401</b> 1. Entity Name <b>JORDAN LAW FIRM, PLLC</b>	
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Principal Place of Business <b>934 N.E. LAKE DESOTO CIRCLE LAKE CITY, FL 32055</b>	Mailing Address <b>934 N.E. LAKE DESOTO CIRCLE LAKE CITY, FL 32055</b>
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**DO NOT WRITE IN THIS SPACE**

FILED  
06 JUL 14 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07112006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1879449</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>JORDAN, ROBERT F 934 N.E. LAKE DESOTO CIRCLE LAKE CITY, FL 32055</b>
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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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. JORDAN, ROBERT F 934 NE LAKE DESOTO CIRCLE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.

<b>SIGNATURE:</b> <i>[Signature]</i>	<b>7/11/06</b>	<b>386 755 3456</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>