

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000092625

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** JON CHARLES BOLTON II, LLC

**Current Principal Place of Business:**

1580 GLADIOLAS DR  
WINTER PARK, FL 32792

**New Principal Place of Business:**

4389 DOLLY CT.  
OVIEDO, FL 32765

**Current Mailing Address:**

1580 GLADIOLAS DR  
WINTER PARK, FL 32792

**New Mailing Address:**

4389 DOLLY CT.  
OVIEDO, FL 32765

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOLTON, JON CHARLES II  
1580 GLADIOLAS DR  
WINTER PARK, FL 32792    US

**Name and Address of New Registered Agent:**

BOLTON, JON CHARLES II  
4389 DOLLY CT.  
OVIEDO, FL 32765    US

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.

SIGNATURE: JON CHARLES BOLTON II

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: BOLTON, JON CHARLES II  
Address: 1580 GLADIOLAS DR  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change ( ) Addition  
Name: BOLTON, JON CHARLES II  
Address: 4389 DOLLY CT.  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JON C. BOLTON II

MGRM

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date