



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 25, 2006 8:00 am
Secretary of State

04-28-2006 90015 022 ****50.00
05-25-2006 90118 006 *****5.00

| | | | | | |
|--|--|---------------------------------|--|--|--|
| DOCUMENT # L05000004281 1. Entity Name JIM CARLETON, LLC | | | |  | |
| Principal Place of Business 50 AUBURN DR. SANTA ROSA BEACH, FL 32459 | | | Mailing Address 50 AUBURN DR. SANTA ROSA BEACH, FL 32459 | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  03272006 Chg-LLC CR2E083 (11/05) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 20-2456801 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CARLETON, JAMES C. 50 AUBURN DR. SANTA ROSA BEACH, FL 32459 | | | 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | MGRM CARLETON, JAMES C 50 AUBURN DR. SANTA ROSA BEACH, FL 32459 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u>James C Carleton</u> <u>4-14-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |