

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000011954**

1. Entity Name

J.C. UNLIMITED DESIGNS, L.L.C.



Principal Place of Business

1146 BOUNDS STREET  
PORT CHARLOTTE, FL 33952

Mailing Address

1146 BOUNDS STREET  
PORT CHARLOTTE, FL 33952



01152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2371325

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COX, JAMES A  
1146 BOUNDS STREET  
PORT CHARLOTTE, FL 33952

**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, 2007**

U000000615603  
02/06/07-80078-010 50.00

9. MANAGING MEMBERS/MANAGERS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | MGR                      |
| NAME            | COX, JAMES A             |
| STREET ADDRESS  | 1146 BOUNDS STREET       |
| CITY - ST - ZIP | PORT CHARLOTTE, FL 33952 |

|                 |  |
|-----------------|--|
| TITLE           |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

**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:**

*James A Cox*

1-27-07

(941) 626-0621

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

Date

Daytime Phone #