

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jun 02, 2006 8:00 am
Secretary of State

04-28-2006 90030 027 ****50.00

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04262006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000012879					
1. Entity Name JIM CAMPBELL BUILDING CONTRACTOR LLC					
Principal Place of Business 3382 N.E. 57TH AVE. SILVER SPRINGS, FL 34488			Mailing Address 3382 N.E. 57TH AVE. SILVER SPRINGS, FL 34488		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2585185	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAMPBELL, JAMES A 3382 N.E. 57TH AVE. SILVER SPRINGS, FL 34488				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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____					
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	MGR CAMPBELL, JAMES A 3382 N.E. 57TH AVE. SILVER SPRINGS, FL 34488 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <u>James A. Campbell</u>			Date: <u>06/26/06</u> (352) 209-2210		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					