


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90225 038 \*\*\*\*50.00

<b>DOCUMENT # L05000019115</b> 1. Entity Name <b>JIMMY CARNES ENTERPRISES, LLC</b>					
Principal Place of Business <b>1330-A1 NW 6TH STREET GAINESVILLE, FL 32601</b>			Mailing Address <b>1330-A1 NW 6TH STREET GAINESVILLE, FL 32601</b>		
2. Principal Place of Business <b>1330 NW 6<sup>th</sup> St.</b> Suite, Apt. #, etc. <b>Suite D</b> City & State		3. Mailing Address <b>1330 NW 6<sup>th</sup> St.</b> Suite, Apt. #, etc. <b>Suite D</b> City & State			
Zip Country		Zip Country		4. FEI Number <b>02-0741287</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CARNES, JAMES J 1330-A1 NW 6TH STREET GAINESVILLE, FL 32601</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1330 NW 6<sup>th</sup> St. Suite D</b> City <b>FL</b> 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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARNES, JIMMY J 1330-A1 NW 6TH STREET GAINESVILLE, FL 32601</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1330 NW 6<sup>th</sup> St. Suite D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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> <u>Jimmy Carnes</u> <b>6/17/06</b> <b>(352) 337-1475</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					
Jimmy Carnes/ Owner-Member					