

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022594

FILED
Aug 07, 2006
Secretary of State

Entity Name: LAW OFFICE OF JAMES D. VARNADO LLC

Current Principal Place of Business:

810 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32303

New Principal Place of Business:

2910 KERRY FOREST
189
TALLAHASSEE, FL 32309

Current Mailing Address:

810 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32303

New Mailing Address:

2910 KERRY FOREST
189
TALLAHASSEE, FL 32309

FEI Number: 41-9944743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VARNADO, JAMES D
810 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

VARNADO, JAMES D
2910 KERRY FOREST
189
TALLAHASSEE, FL 32309 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: JAMES D. VARNADO

08/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VARNADO, JAMES D
Address: 810 THOMASVILLE ROAD, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VARNADO, JAMES D
Address: 2910 KERRY FOREST, 189
City-St-Zip: TALLAHASSEE, FL 32309

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: JAMES D. VARNADO

MGR

08/07/2006

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