

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90022 017 ****50.00

DOCUMENT # L05000063222

1. Entity Name
JIM FENSKE, LLC



Principal Place of Business
**2606 HARGILL DRIVE
ORLANDO, FL 32806 US**

Mailing Address
**2606 HARGILL DRIVE
ORLANDO, FL 32806 US**

20036934



2. Principal Place of Business
21040 Parkcrest Dr.
Suite, Apt. #, etc.

3. Mailing Address
21040 Parkcrest Dr.
Suite, Apt. #, etc.

04052006 Chg-LLC CR2E083 (11/05)

City & State
Eustis, FL

City & State
Eustis, FL

Zip
32736

Country

Zip
32736

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FENSKE, JAMES G JR.
2606 HARGILL DRIVE
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
21040 Parkcrest Dr.

City **Eustis**

FL

Zip Code
32736

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FENSKE, JAMES G JR.
2606 HARGILL DRIVE
ORLANDO, FL 32806** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**21040 Parkcrest Dr.
Eustis, FL 32736** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE: *J. Fenske*

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

4/17/06

407-375-8560

Date

Daytime Phone #