


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90355 032 \*\*\*\*50.00

DOCUMENT # L05000067534		
1. Entity Name <b>JAMES STINSON INVESTMENTS, LLC</b>		

Principal Place of Business <b>C/O LAWRENCE BURRELL 2880 S.E. DOWNWINDS ROAD JUPITER FL 33478</b>	Mailing Address <b>C/O LAWRENCE BURRELL 2880 S.E. DOWNWINDS ROAD JUPITER FL 33478</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/05)

4. FEI Number <b>20-4391592</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>FILEINGS, INC. 3732 NORTHWEST 16TH STREET FT. LAUDERDALE FL 33311</b>		7. Name and Address of New Registered Agent <b>Lawrence M. Burrell, Jr. 2880 S.E. Downwinds Road Jupiter, Fla. 33478</b>	
<i>Change to →</i>		L 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 *[Signature]* DATE **1-29-06**

<p><b>FILE NOW!!! FEE IS \$50.00</b></p> <p><b>Make Check Payable to Florida Department of State</b></p> <p><b>Due By May 1, 2006</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STINSON, JAMES 2880 S.E. DOWNWINDS ROAD JUPITER FL 33478</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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 Section 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 P. Stinson* DATE: **2-2-06** DAYTIME PHONE #: **561-689-6659**

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