


**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90059 047 \*\*\*\*50.00

**DOCUMENT #** L05000070908  
1. Entity Name  
JAMES DILMORE ENTERPRISES



**DO NOT WRITE IN THIS SPACE**

60044128

CR2E083B (8/05)

2. Principal Place of Business  
P.O. Box 165  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 165  
Suite, Apt. #, etc.

City & State  
COTTONDALE FL.

City & State  
COTTONDALE, FL.

Zip  
32431

Country  
JACKSON

Zip  
32431

Country  
JACKSON

4. FEI Number  
Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JAMES B DILMORE JR


Street Address (P.O. Box Number is Not Acceptable)  
~~PO BOX 165~~ 2335 TAYLOR RD.

City  
COTTONDALE

FL

Zip Code  
32431

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  (SAME REGISTERED AGENT) 4/25/07


**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES B DILMORE JR (MGR) PO BOX 165 COTTONDALE, FL 32431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/25/07 850-352-4976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #