
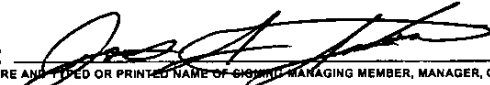


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JAN 17 AM 10:48

<b>DOCUMENT # L05000091387</b> 1. Entity Name <b>JAMES ANDERSON CONTRACTOR LLC</b>					
Principal Place of Business <b>26130 BLUE STAR HIGHWAY HAVANA, FL 32333</b>			Mailing Address <b>26130 BLUE STAR HIGHWAY HAVANA, FL 32333</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <div style="text-align: center; font-size: 2em; font-family: cursive;">JAL</div> Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="font-size: 1.5em; font-family: cursive;">14-1938266</div> 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>ANDERSON, JAMES A 26130 BLUE STAR HIGHWAY HAVANA, FL 32333</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;">FL      Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, JAMES A 26130 BLUE STAR HIGHWAY HAVANA, FL 32333	<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	MGRM SCOTT, MICHAEL J III 1303 OCALA RD. #232 TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="font-size: 1.2em;">600063874056</div> <div style="font-size: 0.8em;">01/17/06--01008--014    **25.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURLSTON, GARTH 9061 RAVENA RD TALLAHASSEE, FL 32309	<input checked="" 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	<div style="height: 40px; border: 1px solid black;"></div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="font-size: 1.2em;">600063874056</div> <div style="font-size: 0.8em;">01/17/06--01008--015    **25.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px; border: 1px solid black;"></div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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> 				<div style="font-size: 1.5em; font-family: cursive;">1-17-06</div>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date      Daytime Phone #</small>	