

Mar 10, 2006 8:00 am Secretary of State DOCUMENT # L05000094456 02-17-2006 90022 008 ****50.00 1. Entity Name JAMESVILLE LLC Principal Place of Business Mailing Address V C V C N A U C 10115 NW 23 COURT CORAL SPRINGS FL 33065 10115 NW 23 COURT CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address_ Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-3529006 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 🥆 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES, CLARENCE D Street Address (P.O. Box Number is Not Acceptable) 10115 NW 23 COURT CORAL SPRINGS FL 33065 Zip Code City 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 Spinitine, typed or sented name of mentional agent and see a unpertable (NOTE, hegisteren Agent siguiture required when remolating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS * 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME JAMES, CLARENCE D STREET ADDRESS STREET ADDRESS 10115 NW 23 COURT CITY-ST-7IP CORAL SPRINGS FL 33065 CITY-ST-7/P ☐ Delete TITLE Change TITLE MGR ☐ Addition JAMES, RUTH A NAME STREET ADDRESS STREET ADDRESS 10115 NW-23 COURT CMY-ST-ZIP CITY - ST-ZIP CORAL SPRINGS FL 33065 MGRM Delete HILL Change Addition NAME NAME JAMES, MICHELLE STREET ADDRESS 10115 NW 23 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-712 CITY-ST-ZIP ☐ Detete nne Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY - ST- ZIP CITY - ST-ZTP Delete ☐ Change ITTLE ☐ Add₁tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 excurate 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.

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

JAMESVILLE LLC 10115 NW 23 COURT CORAL SPRINGS, FL 33065 US

Subject: JAMESVILLE LLC

Reference Number:

£05000094456

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION