07-10-2007 17:48 LINDA FERNANDEZ 2396940688

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State
07-26-2007 90010 009 ****55.00

DOCUMENT # L05000104614

1. Entity Name
JAMES R. STEINMETZ, LLC

Principal Place of Business	Mailing Address
1500 CUMBERLAND CT. FT. MYERS, FL 33919	P.O. BOX 60126 FT. MYERS, FL 33906

DO NOT WRITE IN THIS SPACE

07102007No Chg-LLC CR2E083 (11/05)

4. FEI Number
30-0108279

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired X **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEINMETZ, JAMES R
1500 CUMBERLAND CT.
FT. MYERS, FL 33919

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEINMETZ, JAMES R
STREET ADDRESS	P.O. BOX 60126
CITY-ST-ZIP	FT. MYERS, FL 33906
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: