### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L05000104614**

1. Entity Name

JAMES R. STEINMETZ-EEC



FILED Feb 05, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1500 CUMBERLAND CT. FT. MYERS, FL 33919

P.O. BOX 60126 FT. MYERS, FL 33906



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0108279

Applied For Not Applicable

5. Certificate of Status Desired

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\$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 partied 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.	,
	4
SIGNATURE And Thomas	1-30-0x
Signature_oped or printed name of registered agent and title if application. (NOTE: Registered Agent algorithm required when reinstating)	DATE
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#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is two 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.

CICHATIBE.

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