**FILED**
**Mar 22, 2007 08:00 A**
**Secretary of State**

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000122254

1. Entity Name
JAMES R. BOONE, PH.D., PROFESSIONAL LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2739 U.S. HIGHWAY 19,<br>SUITE 202<br>HOLIDAY, FL 34691 | 2739 U.S. HIGHWAY 19,<br>SUITE 202<br>HOLIDAY, FL 34691 |

DO NOT WRITE IN THIS SPACE

03132007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3995445
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOONE, JAMES R PH.D.
2739 U.S. HIGHWAY 19,
SUITE 202
HOLIDAY, FL 34691

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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's signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | BOONE, JAMES R PH.D. |
| STREET ADDRESS | 2739 U.S. HIGHWAY 19, SUITE 202 |
| CITY-ST-ZIP | HOLIDAY, FL 34691 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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03/22/07-00061-001 50.00

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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.

**SIGNATURE:** James R. Boone 3-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #