## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 19, 2007 8:00 am Secretary of State DOCUMENT # L06000018594 1. Entity Namo 02-19-2007 90194 029 \*\*\*\*55.00 JAMES BOND CONSTRUCTION, LLC Principal Place of Business Mailing Address 4530 NE 127TH COURT 4530 NE 127TH COURT WILLISTON FL 32696 WILLISTON FL 32696 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOND, JAMES A Street Address (P.O. Box Number is Not Acceptable) 4530 NE 127TH COURT WILLISTON FL 32696 Zip Code 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, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature regulated when reinstating DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES HILE **MGRM** Delete THEF Change ☐ Addition NAME NAME BOND, JAMES A STREET ADDRESS STREET ADDRESS 4530 NE 127TH COURT CHY+ST-ZIP CHY SL 7P WILLISTON FL 32696 HHI ☐ Delete Change TIME \_\_\_ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY SI-7P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY SE ZIP CITY ST 7F HILL ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-SE-7IP CITY ST ZIP ши ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STRUET 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 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.

JAMES & BENCL JAMES 17 BOY ND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

02/03/07 (561-476-5155