## **2007 LIMITED LIABILITY COMPANY**

## ANNUAL REPORT

DOCUMENT #1,06000035311

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



**FILED** Feb 05, 2007 8:00 am Secretary of State

☐ Change ☐ Addition

1. Entity Name JIM & BRIAN, LLC				02-05-2007 90200	016 ****50	.00
Principal Place of Business  1406 SE 46TH LANE, SUITE #4  CAPE CORAL, FL 33904  Mailing Address  1406 SE 46TH LANE, SUITE CAPE CORAL, FL 33904			#4			
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address				
					<b>  </b>	10) III I <b>01)</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242007 Chg-LLC CR28	E083 (12/06)	
City & State		City & State		4. FEI Number 20-4839685	<u> </u>	plied For Applicable
Zip	Country	Zip Co.	untry	5. Certificate of Status Desired	\$5.00 Addi	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registere	<u>.</u>	
KIDDY DD	NAM D		Name	•	•	
KIRBY, BRIAN R 1406 SE 46TH LANE, SUITE #4 CAPE CORAL. FL 33904			Street Address (P.O. Box Number is Not Acceptable)			
5/1 2 55/1/12, 1 2 55554						
			City	FL 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE						
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State		
9.	MANAGING MEMBER	RS/MANAGERS 1	0.	ADDITIONS/CHANG	ES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.G.R. BRIAN RKIRBY 1406 SE 46 LANG	Suite#4 s	ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.G.R.M.  Jim GRAVEDONI 3813 SE 19 AUE	□ Delete T	ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cape Colors	Delete T	ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N S	ITLE AME TREET ADDRESS ITY-ST-ZIP		∏ Change	☐ Addition
TITLE NAME STREET ADDRESS			ITLE AME TREET ADDRESS		☐ Change	Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE