

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


**FILED**  
**Jun 12, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90419 015 \*\*\*\*50.00

30010561



1st MOORE CR2E083 (10/06)

<b>DOCUMENT # L06000074819</b>					
1. Entity Name <b>JIM'S AUTO RESTORATIONS, LLC</b>					
Principal Place of Business <b>101 VISTA ROAD MONTICELLO FL 32344</b>			Mailing Address <b>P.O. BOX 454 MONTICELLO FL 32345-0454</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOSEPH, JAMES G 93 REICH-DORFF ACRES MONTICELLO FL 32344</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOSEPH, JAMES G P.O. BOX 454 MONTICELLO FL 32345-0454 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 G. Joseph, MGR, JAMES G. JOSEPH, 6-6-07*



ATTACHMENT

30010561

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2007

JIM'S AUTO RESTORATIONS, LLC  
P.O. BOX 454  
MONTICELLO, FL 32345-0454

ACCORDING TO THE IRS,  
I DO NOT NEED A FEIN.  
(BUSINESS TOO SMALL  
RIGHT NOW)

Subject: JIM'S AUTO RESTORATIONS, LLC

Reference Number: L06000074819

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sh

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314