

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000082769

**FILED**  
**Oct 01, 2007**  
**Secretary of State**

**Entity Name:** THE JAMES DEVELOPMENT AND INVESTMENT, LLC

**Current Principal Place of Business:**

803 SE 21ST PLACE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

129 SE 1ST AVENUE  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 06-1772833      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NUNN, ISAAC H  
129 SE 1ST AVENUE  
CAPE CORAL, FL 33990      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ISAAC H. NUNN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: JAMES, BOBBY L  
Address: 803 SE 21ST PLACE  
City-St-Zip: OCALA, FL 34471

Title: MGRM      ( ) Delete  
Name: JAMES, VERONICA  
Address: 803 SE 21ST PLACE  
City-St-Zip: OCALA, FL 34471

Title: MGRM      (X) Delete  
Name: JAMES, MELVIN  
Address: 803 SE 21ST PLACE  
City-St-Zip: OCALA, FL 34471

Title: MGRM      (X) Delete  
Name: NUNN, ISAAC H  
Address: 803 SE 21ST PLACE  
City-St-Zip: OCALA, FL 34471

Title: MGRM      (X) Delete  
Name: GREENE, JAMES  
Address: 2649 WEST SILVER SPRINGS BLVD.  
City-St-Zip: OCALA, FL 34475

Title: MGRM      (X) Delete  
Name: GREENE, DIANE  
Address: 2649 WEST SILVER SPRINGS BLVD.  
City-St-Zip: OCALA, FL 34475

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BOBBY L. JAMES

MGR

10/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date