


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90422 043 ****50.00

DOCUMENT # L06000122715		
1. Entity Name JAMES R. SEIBOLD, L.L.C.		

Principal Place of Business 6762 COMPTON LANE NORTH NAPLES, FL 34104	Mailing Address 6762 COMPTON LANE NORTH NAPLES, FL 34104
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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

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03052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5911933		Applied For <input 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 SEIBOLD, JAMES R 6762 COMPTON LANE NORTH NAPLES, FL 34104		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIBOLD, JAMES R 6762 COMPTON LANE NORTH NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

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

Date

Daytime Phone #

5-1-07 (239) 353-4151