

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90052 034 \*\*\*138.75

**DOCUMENT # L07000038964**

1. Entity Name  
**745 JAMES ST., LLC**



Principal Place of Business  
**444 WINDING WILLOW DRIVE  
PALM HARBOR, FL 34683**

Mailing Address  
**444 WINDING WILLOW DRIVE  
PALM HARBOR, FL 34683**

**60001719**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEAR, ROBERT L ESQ.  
2650 MCCORMICK DR. STE 130  
CLEARWATER, FL 33759**

Name **Robert A. Smith**

Street Address (P.O. Box Number is Not Acceptable)

**444 Winding Willow Drive**

City **Palm Harbor,**

**FL**

Zip Code

**34683**

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 **Robert A. Smith, Robert A. Smith, Manager**

**1/9/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **SMITH, ROBERT A**  
STREET ADDRESS **444 WINDING WILLOW DRIVE**  
CITY- ST- ZIP **PALM HARBOR, FL 34683**

TITLE **MGR** ☐ Delete  
NAME **SMITH, KATHRYN E**  
STREET ADDRESS **444 WINDING WILLOW DRIVE**  
CITY- ST- ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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: **Robert A. Smith, Robert A. Smith** **1/8/08** **727-785-5394**