


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000028324**

1. Entity Name  
**JWN 43, LLC**



Principal Place of Business <b>11780 US HWY. #1, STE. 500          NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>11780 US HWY. #1, STE. 500          NORTH PALM BEACH, FL 33408</b>
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**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>22-3890860</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HAILE, SHAW & PFAFFENBERGER, P.A.  
 660 U.S. HIGHWAY ONE  
 3RD FLOOR  
 NORTH PALM BEACH, FL 33408**

**DO NOT WRITE IN THIS SPACE**

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 reinstating)      DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICKLAUS, JACK W 11780 U.S. HWY #1 SUITE 500 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOTY, DONNA L 11780 U.S. HIGHWAY ONE #500 NORTH PALM BEACH, FL 33408
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 05/13/08-80074-003 138.75

**DO NOT WRITE IN THIS SPACE**

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:** Donna L Doty      3.18.08      561.227-8320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #