

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # A03000000557

1. Entity Name  
THE JWTN LIMITED LIABILITY LIMITED PARTNERSHIP



Principal Place of Business  
7235 BONNEVAL ROAD  
SUITE 1  
JACKSONVILLE, FL 32256

Mailing Address  
7235 BONNEVAL ROAD  
SUITE 1  
JACKSONVILLE, FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-LP

CR2E003 (10/03)

4. FEI Number

20-0673349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYER, JAMES L  
7235 BONNEVAL ROAD  
SUITE 1  
JACKSONVILLE, FL 32256

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.

DATE

9. Capital Contributions  
as Shown on record. \$800.00

10. Amount of Capital Contributions  
in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
MAYER, JAMES L  
STREET ADDRESS  
7235 BONNEVAL ROAD  
CITY-ST-ZIP  
JACKSONVILLE, FL 32256

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
MAYER, WYMONA  
STREET ADDRESS  
7235 BONNEVAL ROAD  
CITY-ST-ZIP  
JACKSONVILLE, FL 32256

STREET ADDRESS  
CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*James L. Mayer* JAMES L. MAYER

1-4-05

904-443-0083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE