

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000557

FILED  
Apr 13, 2007  
Secretary of State

**Entity Name:** THE JWTN LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

7235 BONNEVAL ROAD  
SUITE 1  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7235 BONNEVAL ROAD  
SUITE 1  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 20-0673349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MAYER, JAMES L  
Address: 7235 BONNEVAL ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Document #:

Name: MAYER, WYNONA  
Address: 7235 BONNEVAL ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

GP

04/13/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date