2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000557

Entity Name: THE JWTN LIMITED LIABILITY LIMITED PARTNERSHIP

FILED Mar 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7235 BONNEVAL ROAD 113 NATURE WALK PARKWAY

SUITE 1 SUITE 105

JACKSONVILLE, FL 32256 ST. AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

7235 BONNEVAL ROAD 113 NATURE WALK PARKWAY

SUITE 1 SUITE 105

JACKSONVILLE, FL 32256 ST. AUGUSTINE, FL 32092

FEI Number: 20-0673349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MAYER, JAMES L
7235 BONNEVAL ROAD
SUITE 1

MAYER, JAMES L
113 NATURE WALK PARKWAY
SUITE 105

SUITE 1 SUITE 105

JACKSONVILLE, FL 32256 US ST. AUGUSTINE, FL 32092 US

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: 03/28/2009

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: MAYER, JAMES L

Address: 7235 BONNEVAL ROAD Address: 113 NATURE WALK PARKWAY, SUITE 105

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: ST. AUGUSTINE, FL 32092

Document #:

Name: MAYER, WYNONA

Address: 7235 BONNEVAL ROAD Address: 113 NATURE WALK PARKWAY, SUITE 105

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify 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 03/28/2009