



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90348 019 \*\*\*\*50.00

<b>DOCUMENT # L00000004384</b> 1. Entity Name <b>J.W.T., LLC</b>					
Principal Place of Business <b>35-D GULF BREEZE PKWY. GULF BREEZE, FL 32561</b>			Mailing Address <b>35-D GULF BREEZE PKWY. GULF BREEZE, FL 32561</b>		
2. Principal Place of Business <b>14 LIVE OAK ST.</b> Suite, Apt. #, etc. <b>SUITE A</b> City & State <b>GULF BREEZE</b> Zip <b>32561</b>		3. Mailing Address <b>14 LIVE OAK ST.</b> Suite, Apt. #, etc. <b>SUITE A</b> City & State <b>GULF BREEZE</b> Zip <b>32561</b>			
4. FEI Number <b>59-3638461</b>		Applied For <input type="checkbox"/> 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  <b>GERKIN, MICHAEL E 35-D GULF BREEZE PKWY. GULF BREEZE, FL 32561</b>			7. Name and Address of New Registered Agent Name <b>MICHAEL E. GERKIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>14 LIVE OAK ST. /SUITE A</b> City <b>GULF BREEZE</b> <b>FL</b> Zip Code <b>32561</b>		
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 <u><i>Michael E. Gerkin</i></u> <b>President</b> <span style="float: right;"><b>2/20/04</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GERKIN, MICHAEL E 35-D GULF BREEZE PKWY. GULF BREEZE, FL 32561 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VOLZ, JAMES E 35-D GULF BREEZE PKWY. GULF BREEZE, FL 32561 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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: <u><i>Michael E. Gerkin</i></u> <b>Manager</b>			<b>2/10/04</b>		<b>916-4606</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>