

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004384

Entity Name: J.W.T., LLC

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

22 VIA DE LUNA
#902
PENSACOLA BEACH, FL 32561

Current Mailing Address:

3 CARBON WAY
WALTON, KY 41094

New Principal Place of Business:

18 VIA DE LUNA
#2001
PENSACOLA BEACH, FL 32561

New Mailing Address:

FEI Number: 59-3638461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERKIN, MICHAEL E
22 VIA DE LUNA
#902
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

GERKIN, MICHAEL E
18 VIA DE LUNA
#2001
PENSACOLA BEACH, FL 32561 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:

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GERKIN, MICHAEL E
Address: 22 VIA DE LUNA #902
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: T () Delete
Name: GERKIN, MICHAEL P
Address: 3 CARBON WAY
City-St-Zip: WALTON, KY 41094

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GERKIN, MICHAEL E
Address: 18 VIA DE LUNA #2001
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGMR (X) Change () Addition
Name: GERKIN, MICHAEL P
Address: 3 CARBON WAY
City-St-Zip: WALTON, KY 41094

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 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: MICHAEL E. GERKIN

MGR

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date