

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009018

Entity Name: JWW ASSOCIATES, L.L.C.

FILED  
Jan 29, 2007  
Secretary of State

**Current Principal Place of Business:**

1059 NE PINE ISLAND RD  
STE 2  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

1059 NE PINE ISLAND RD  
STE 2  
CAPE CORAL, FL 33909

**New Mailing Address:**

FEI Number: 65-1027584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOODROW, BARRY  
11851 ISLAND AVENUE  
MATLACHA, FL 33993 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOODROW, WILSON & CR, OSS, INC.  
Address: 11851 ISLAND AVENUE  
City-St-Zip: MATLACHA, FL 33993

Title: MGRM ( ) Delete  
Name: MATLACHA FUNDING, IN, C.  
Address: 11851 ISLAND AVENUE  
City-St-Zip: MATLACHA, FL 33993

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 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: BARRU WOODROW

MG M

01/29/2007

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