

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002181

Entity Name: JW LIENS, LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

630 U.S. HIGHWAY 1, SUITE 300
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

345 JUPITER LAKES BLVD #300
JUPITER, FL 33458

Current Mailing Address:

630 U.S. HIGHWAY 1, SUITE 300
NORTH PALM BEACH, FL 33408

New Mailing Address:

345 JUPITER LAKES BLVD #300
JUPITER, FL 33458

FEI Number: 65-1080125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISENBACHER, JUSTIN
630 US HWY 1 SUITE 300
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

WEISENBACHER, JUSTIN
345 JUPITER LAKES BLVD #300
JUPITER, FL 33458 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:

04/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MARINI, MATTEW A
Address: 2305 RIVERWOOD DRIVE
City-St-Zip: NAPERVILLE, IL 60565

Title: MGR () Change (X) Addition
Name: WEISENBACHER, JUSTIN
Address: 345 JUPITER LAKES BLVD #300
City-St-Zip: JUPITER, FL 33458

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

MGR

04/19/2005

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