

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008950

Entity Name: MJW FAMILY, L.L.C.

FILED
Feb 01, 2005
Secretary of State

Current Principal Place of Business:

209 RIDGEWOOD AVE.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

209 RIDGEWOOD AVE.
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-1116188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIL, TIMOTHY
6175 NW 153RD STREET
SUITE 230
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

HEIL, TIMOTHY
1861 NW 123RD AVENUE
PEMBROKE PINES, FL 33026 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:

02/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WADE, MALCOLM S JR
Address: 209 RIDGEWOOD AVE
City-St-Zip: CLEWISTON, FL 33440

Title: MGRM () Delete
Name: WADE, JENNIFER M
Address: 209 RIDGEWOOD AVE
City-St-Zip: CLEWISTON, FL 33440

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 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: MALCOLM S. WADE, JR.

MGRM

02/01/2005

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