2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2007
Secretary of State

DOCUMENT# L01000008950

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

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
1861 NW 123RD AVENUE
PEMBROKE PINES, FL 33026 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: 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 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: MALCOLM S. WADE, JR. MGRM 02/11/2007

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