

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90155 049 ****50.00

DOCUMENT # L01000013180

1. Entity Name
JIW FUND I, LLC



Principal Place of Business
**4636 N. DALE MABRY HIGHWAY
TAMPA, FL 33614**

Mailing Address
**4636 N. DALE MABRY HIGHWAY
TAMPA, FL 33614**

20025704



2. Principal Place of Business
3800 W. Hillsborough Ave.

3. Mailing Address
3800 W. Hillsborough Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242005 Chg-LLC CR2E083 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
02-0561207

Applied For
Not Applicable

Zip
33614

Country

Zip
33614

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBBINS, R. JAMES, JR.
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33614**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WOOLEY, JEFFREY I
4636 N DALE MABRY HWY
TAMPA, FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3800 W. Hillsborough Ave.
Tampa, FL 33614** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Jeffrey I. Wooley

Jeffrey I. Wooley

3/28/05

(813)865-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #