

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000013180**

1. Entity Name  
**JIW FUND I, LLC**



Principal Place of Business  
**3800 W HILLSBOROUGH AVE  
TAMPA, FL 33614 US**

Mailing Address  
**3800 W HILLSBOROUGH AVE  
TAMPA, FL 33614 US**



01242006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0561207**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

11000001467432  
03/23/06-80047-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WOOLEY, JEFFREY I  
3800 W HILLSBOROUGH AVE  
TAMPA, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Jeffrey I. Wooley* **JEFFREY I. WOOLEY** **3/8/06** **(813) 865-8000**