


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000018194 1. Entity Name WJW PROPERTY, LLC																																		
Principal Place of Business 212 EAST MAIN STREET LEESBURG, FL 34748	Mailing Address 212 EAST MAIN STREET LEESBURG, FL 34748																																	
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent COVELL, SCOTT M 125 WEST ROMANA ST., STE. 800 PENSACOLA, FL 34748		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>																																		
Filing Fee is \$50.00 Due by May 1, 2004																																		
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>DP PROPERTY HOLDINGS, INC.</td></tr><tr><td>STREET ADDRESS</td><td>212 EAST MAIN ST.</td></tr><tr><td>CITY - ST - ZIP</td><td>LEESBURG, FL 34748</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	DP PROPERTY HOLDINGS, INC.	STREET ADDRESS	212 EAST MAIN ST.	CITY - ST - ZIP	LEESBURG, FL 34748	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>R. F. E. [Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>																																		



01192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 80-0006174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

000000018194
01/29/04-80036-015 50.00

**DO NOT WRITE
IN THIS SPACE**

1/26/04 352-765-8000
Date Daytime Phone #