

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90039 001 ****50.00

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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		
2. Principal Place of Business 1217 AIRPORT RD. Suite, Apt. #, etc. 419 City & State DESTIN FLORIDA Zip 32541 Country OKALOOSA		3. Mailing Address 1217 AIRPORT RD. Suite, Apt. #, etc. 419 City & State DESTIN FLORIDA Zip 32541 Country OKALOOSA			
4. FEI Number 80-0006174		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04202005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent COVELL, SCOTT M 125 WEST ROMANA ST., STE. 800 PENSACOLA, FL 34748			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ (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 MGRM STREET ADDRESS DP PROPERTY HOLDINGS, INC. CITY-ST-ZIP 212 EAST MAIN ST. LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS 1217 AIRPORT RD # 419 CITY-ST-ZIP DESTIN, FLORIDA 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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: _____			Date 4-20-05 Daytime Phone # 80-650-5201		