2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2006
Secretary of State

DOCUMENT# L01000021171

Entity Name: J & W UNLIMITED, LLC

Current Principal Place of Business:

4859 KEYSER LANE
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4859 KEYSER LANE
PACE, FL 32571

New Mailing Address:

FEI Number: 59-3591099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W. ROMANA STREET, SUITE 800
PENSACOLA, FL 32501 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:	LIMERICK, JOSEPH J JR
Address:	4859 KEY SER LANE
City-St-Zip:	PACE, FL 32571
Title:	MGRM ( ) Delete
Name:	LIMERICK, WILDA B
Address:	4859 KEY SER LANE
City-St-Zip:	PACE, FL 32571
Title:	MGRM ( ) Delete
Name:	LIMERICK, JOSEPH J III
Address:	3884 LEGION CREEK
City-St-Zip:	MILTON, FL 32571
Title:	MGRM ( ) Delete
Name:	LIMERICK, EVE
Address:	3884 LEGION CREEK
City-St-Zip:	PACE, FL 32571

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOSEPH J. LIMERICK, JR MGR 08/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date