

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90151 027 \*\*\*\*55.00

DOCUMENT # L02000000054

1. Entity Name

JW PROPERTIES & INVESTMENTS, LLC

**DO NOT WRITE IN THIS SPACE**

826568

2. Principal Place of Business

6751 NW 88<sup>th</sup> LANE

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CHIEFLAND, FL

City & State

4. FEI Number

59-3760928

Applied For

Not Applicable

Zip

32626

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

WOLFGANG H. SCHWARZ

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

6751 NW 88<sup>th</sup> LANE

City

CHIEFLAND

FL

Zip Code

32626

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.

SIGNATURE

WOLFGANG H. SCHWARZ, MEMBER/OWNER

DATE

2/25/02

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

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEMBER/OWNER  
WOLFGANG H. SCHWARZ  
6751 NW 88<sup>th</sup> LANE  
CHIEFLAND, FL 32626

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEMBER/OWNER  
BOBBIE E. SCHWARZ  
6751 NW 88<sup>th</sup> LANE  
CHIEFLAND, FL 32626

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEMBER/OWNER  
JOSEF STOLLENWERK  
5255 S. ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEMBER/OWNER  
RENEE STOLLENWERK  
5255 S. ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TAYLOR SCHWARZ - MANAGER  
17310 NW 75<sup>th</sup> AVE  
TRENTON, FL 32693

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**

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:

TAYLOR SCHWARZ, MANAGER

2/25/02 (352) 490-6277

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

Date

Daytime Phone #

CR2E083B (12/01)