


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000010463</b> 1. Entity Name J&W DEVELOPMENT, LLC	
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Principal Place of Business 2055 TRADE CENTER WAY NAPLES, FL 34109	Mailing Address 2055 TRADE CENTER WAY NAPLES, FL 34109
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01242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3656864	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  B&C CORPORATE SERVICES OF CENTRAL FL INC 390 N. ORANGE AVE., STE. 1100 ORLANDO, FL 32801
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.


**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000509607  
04/28/06-80052-0016 571.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COTTER, JEFFREY J 90 MINNEHAHA CIRCLE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, G. STUART 25099 PINEWATER COVE LANE BONITA SPRINGS, FL 34134
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**DO NOT WRITE  
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:**  **4/3/06** **(239) 577-7227**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #