2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Aug 05, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # LO200001 TED LIABILITY COMPANY	4099 /				0/-16-	.2003 90028	8 00 / 11111111	30.00	
Principal Place of Business 1521 SCUTH TAMIAMI TRAIL SUITE 303 VENICE FL 34282		Mailing Address 1521 SOUTH TAMIAMI TRAIL SUITE 303 VENICE FL 34292			55053352					
2. Principal Place of Business		3. Mailing Address					· .			
Suite, Apt. #, etc. City & State Zip Country	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
		City & State			4. FEI Nun		60288		Applied For Not Applicable	
Žip	Country	Zip	Country		5. Certifica	ite of Status De	sired D	\$5.00 A Fee Requi		
	6. Name and Address of Current Re	gistered Agent			7. Name a	nd Address of	New Registers	d Agent		
REFOLED SARLLYNN			Name	Name.						
1521	SOUTH TAMIAMI TRAIL		Street	Address (P.0). Box Nurr	ber is Not Acc	eptable)			
VEN	CE FL 34292						_; <u></u> _			
			City	· · · · · · · · ·			F	Zip Co	de	
SIGNATURE	Signature, typed or printed name of registered agent and	FILE NO	Registered Agent signs W!!! FEE IS : to Florida De September 24	\$50.00 epartment			DATE			
9.	MANAGING MEMBERS	/MANAGERS	10.			ADDIT	IONS/CHANG	ES		
TITLE / NAME STREET ADDRESS CITY-ST-ZIP	JOHN F. DOWD 1521 S. TAMIAMI VENICE, FL	TR, SUITE 303	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DEN	π -	al-	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAM 1521 VEN	IICE,	USS TAMIAI FL34	n, TRA 285	□ Change ・ハム,#	⊠Addition 303	
TITLE , NAME STREET ADDRESS CITY-ST-ZIP		Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEB	5 SAI WHI	DENT NDBER TECAP FL 34	CIRCLE	Change	Addition	
name Street address City-St-Zip		□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
Title Name Street address City-S1-ZIP	No that of post of the	☐ Delete	THILE NAME STREET ADORESS' CITY-ST-ZIP			* ,40	** ** - 1	Change	Addition	
CITY-ST-ZIP . 11. I hereby c indicated in	ertify that the information supplied with this on this report is true and accurate and tha pillty company or the receiver or trustee em	t my signature snali nave (ne	CITY-ST-ZIP	ict as it made	under oat	n: lháil am a n	utes!! furtherice	ertify that the keer or manage	nformation r of the	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

July 18, 2003

JJW, LIMITED LIABILITY COMPANY 1521 SOUTH TAMIAMI TRAIL VENICE, FL 34292

Subject: JJW, LIMITED LIABILITY COMPANY

Reference Number:

L02000014099

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the - Division of-Corporations at (850) 245-6051.

/jb

ANNUAL REPORTS SECTION