

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90308 044 ****50.00



DOCUMENT # L02000026546
1. Entity Name
W.P. & M.J. WRIGHT FAMILY, L.L.C.

Principal Place of Business 61975 RIVER ROAD CALLAHAN FL 32011	Mailing Address 61975 RIVER ROAD CALLAHAN FL 32011
--	--



2. Principal Place of Business - No P.O. Box # 61957 River RD Suite, Apt. #, etc.	3. Mailing Address 61957 River RD Suite, Apt. #, etc.
--	--

1st MOORE CR2E083 (10/06)

City & State Callahan FL	City & State Callahan FL
Zip 32011	Country NASSAU

4. FEI Number 52-2413536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BLACKBURN & COMPANY, L.C.
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 **Mattie Jean Wright** **Mattie J. Wright** **02-17-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	Delete		TITLE	NAME	Change	Addition
	MGRM WRIGHT, MATTIE JEAN	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	61957 RIVER RD CALLAHAN FL 32011-6297						
		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Mattie Jean Wright** **Mattie J. Wright** **02-17-07** **(904) 879-3743**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #