


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
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2. Principal Place of Business - No P.O. Box # 61957 River RD Suite, Apt. #, etc.	3. Mailing Address 61957 River RD Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

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

4. FEI Number 52-2413536	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BLACKBURN & COMPANY, L.C. 5150 BELFORT ROAD SOUTH BUILDING 500 JACKSONVILLE FL 32256	
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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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	Mattie J. Wright <small>(NOTE: Registered Agent signature required when reappointing)</small>
	DATE 02-17-07

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 STREET ADDRESS CITY - ST - ZIP	MGRM WRIGHT, MATTIE JEAN 61957 RIVER RD CALLAHAN FL 32011-6297 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Mattie J. Wright <small>Date</small>	02-17-07 (904) 879-3743 <small>Daytime Phone #</small>
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