2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 31, 2007 8:00 am DOCUMENT # L02000034489 **Secretary of State** 1. Entity Name 01-31-2007 90087 003 ****50.00 J & W LLC Principal Place of Business Mailing Address 108 FOREST PARK CT. 108 FOREST PARK CT. LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business. No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 82-0579764 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BETHUNE, JAMES E Street Address (P.O. Box Number is Not Acceptable) 108 FOREST PARK CT. LONGWOOD FL 32779 Zip Code 8. The above named ontity 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9, 10. ADDITIONS/CHANGES BILE MGRM 1016 ☐ Change ☐ Addition ☐ Delete NAME BETHUNE, JAMES E STREET ADDRESS STREET ADDRESS 108 FOREST PARK CT CITY - ST - ZIP LONGWOOD FL 32779 CITY-ST-ZIP Bethune, JASON E 10514 U.S. Highway So. TITLE Delete THLE Change Addition (NAME NAME BETHANU, MYRA W STREET ADDRESS STREET ADDRESS 108 FOREST PARK CT Webster FL CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 HILE ☐ Delete **Addition** marm Peterson, Joy E 131 Buckeye Branch STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-7IP ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-S1-7IP ☐ Change THLE Delete THIE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - S1 - 7JP 11. I hereby cortify 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 eath; 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.

LONGE & BETTON MORM JAMES E BEHANE 1/24/2007
RID TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

SIGNATURE:

FILED