

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000034489

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: J & W LLC

**Current Principal Place of Business:**

108 FOREST PARK CT.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

108 FOREST PARK CT.  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 82-0579764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BETHUNE, JAMES E  
108 FOREST PARK CT.  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BETHUNE, JAMES E  
Address: 108 FOREST PARK CT  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Delete  
Name: BETHUNE, JASON E  
Address: 10514 US HWY SOUTH  
City-St-Zip: WEBSTER, FL 33597

Title: MGRM (X) Delete  
Name: PETERSON, JOY E  
Address: 131 BUCKEYE BRANCH  
City-St-Zip: ATHENS, GA 30605

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES E BETHUNE

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date