


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000034499 1. Entity Name JPW ENTERPRISES, LLC	
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Principal Place of Business 10008 W. OAKLAND PARK BLVD. SUNRISE, FL 33351	Mailing Address 10008 W. OAKLAND PARK BLVD. SUNRISE, FL 33351
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01192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3888169	Applied For 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 WILLIE, JOHN P 10008 W. OAKLAND PARK BLVD. SUNRISE, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIE, JOHN P 10008 W. OAKLAND PARK BLVD. SUNRISE, FL 33351
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02/06/04-80129-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02/3/04
Date

954
0748-2002
Daytime Phone #