FILED 2005 LIMITED LIABILITY COMPANY May 04, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L03000000578 1. Entity Name MW & JC, LLC Principal Place of Business Mailing Address 3134 NORTHSIDE DRIVE 3134 NORTHSIDE DRIVE KEY WEST, FL 33040 KEY WEST, FL 33040 04292005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 54-2105056 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KLITENICK, RICHARD M ESQ 624 WHITEHEAD STREET KEY WEST, FL 33040 3. 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, typed or printed name of registered agent and title if applicable.

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

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7/28/5

CR2E083 (10/03)

Applied For

\$5.00 Additional

Fee Required

Caviline Phone #

Not Applicable

	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITESIDE, MARK M.D. 3134 NORTHSIDE DRIVE KEY WEST, FL 33040 MGR	U00000362985 05/05/05-80138-024 50.00
NAME STREET ADDRESS CITY-ST-ZIP	COVINGTON, JEROME M.D. 3134 NORTHSIDE DRIVE KEY WEST, FL 33040	And the best of the second of
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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l indicator	certify that the information supplied with this filling does not qualify for the ext on this report is true and accurate and that my signature shall have the sam billity company or the receiver or trustee empowered to execute this report a	imption stated in Section 119:07(3)(i), Florida Statutes. I further certify that the information e legal effect as it made under oath; that I am a managing member or manager of the s required by Chapter 608, Florida Statutes.

(NDTE. Registèred Agent signatüre réquired whon reinstating) 1000 -