## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000000578

1. Entity Name MW & JC, LLC



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

3134 NORTHSIDE DRIVE KEY WEST, FL 33040

Mailing Address

3134 NORTHSIDE DRIVE KEY WEST, FL 33040



04292008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 54-2105056 Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

KLITENICK, RICHARD M ESQ 624 WHITEHEAD STREET KEY WEST, FL 33040

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8. The above named entity submits this statement for the purpose of changing its regi	tered 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

(NOTE: Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000338892 05/28/08-80004-016 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITESIDE, MARK M.D. 3134 NORTHSIDE DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COVINGTON, JEROME M.D. 3134 NORTHSIDE DRIVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Amale ElMitorde and

Fz 060036940

FAX(305/296 4/29/08

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

Daytime Phone #