


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000004420 1. Entity Name JSCW, LLC	
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Principal Place of Business 12611 ARBUCKLE CT N FORT MYERS, FL 33903	Mailing Address 12611 ARBUCKLE CT N FORT MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2098721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPRINGER, CHARLES P
12611 ARBUCKLE CT
N FORT MYERS, FL 33903

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPRINGER, CHARLES P 12611 ARBUCKLE CT N FT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPRINGER, JENNIFER A 12611 ARBUCKLE CT N FT MYERS, FL 33903
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04/24/07-80015-018 50.00

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  4/10/07 (239) 656-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #