

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004420

Entity Name: JSCW, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

12611 ARBUCKLE CT
N FORT MYERS, FL 33903

New Principal Place of Business:

12611 APOPKA CT
N FORT MYERS, FL 33903

Current Mailing Address:

12611 ARBUCKLE CT
N FORT MYERS, FL 33903

New Mailing Address:

12611 APOPKA CT
N FORT MYERS, FL 33903

FEI Number: 54-2098721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SPRINGER, CHARLES P
12611 APOPKA CT
N FORT MYERS, FL 33903 US

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:

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPRINGER, CHARLES P
Address: 12611 ARBUCKLE CT
City-St-Zip: N FT MYERS, FL 33903

Title: MGRM () Delete
Name: SPRINGER, JENNIFER A
Address: 12611 ARBUCKLE CT
City-St-Zip: N FT MYERS, FL 33903

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPRINGER, CHARLES P
Address: 12611 APOPKA CT
City-St-Zip: N FT MYERS, FL 33903

Title: MGRM (X) Change () Addition
Name: SPRINGER, JENNIFER A
Address: 12611 APOPKA CT
City-St-Zip: N FT MYERS, FL 33903

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: JENNIFER A SPRINGER

MGRM

04/15/2008

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