## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L03000011562** 01-12-2004 90131 011 \*\*\*\*50.00 JWM CONSULTANTS, LLC Principal Place of Business Mailing Address 8351 GOLDEN PRAIRIE DR. 8351 GOLDEN PRAIRIE DR. TAMPA, FL 33647 TAMPA, FL 33647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number City & State City & State 42-1585643 Not Applicable Country Country Zìp \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN, J. WARD III Street Address (P.O. Box Number is Not Acceptable) 8351 GOLDEN PRAIRIE DR. **TAMPA, FL 33647** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MARM TITLE TITLE Addition Change J. Ward Martin III NAME NAME STREET ADDRESS STREET ADDRESS 8351 Golden Prairie Drive CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33647 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

UNG MANAGING WEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED Jan 12, 2004 8:00 am

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