


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

03-25-2004 90215 025 ****50.00


DOCUMENT # L03000013784	
1. Entity Name WRIGHT-V-WAY HOMES, LLC	

Principal Place of Business 4662 HARBOR VIEW DRIVE JACKSONVILLE FL 32208	Mailing Address 4662 HARBOR VIEW DRIVE JACKSONVILLE FL 32208
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2. Principal Place of Business 4662 HARBOR VIEW DR	3. Mailing Address 4662 HARBOR VIEW DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JAX FL 3	City & State JAX FL
Zip 32206	Zip 32208
Country DUAL	Country DUAL

704215 91681



MOORE CR2E083 (11/03)

4. FEI Number L03000013784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, JAMES P 4662 HARBOR VIEW DRIVE JACKSONVILLE FL 32208	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 *James P Wright* DATE _____

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

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2004	

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM JAMES P WRIGHT 4662 HARBOR VIEW DR JAX FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *James P Wright* **3/23/04** **9047640063**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #