

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

01-12-2004 90130 023 ****50.00

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01072004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000027345					
1. Entity Name JW ENTERPRISES LLC					
Principal Place of Business 12944 JULINGTON RIDGE DR. E. JACKSONVILLE, FL 32258			Mailing Address 12944 JULINGTON RIDGE DR. E. JACKSONVILLE, FL 32258		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 86-1077168	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEILAND, JOHN 12944 JULINGTON RIDGE DR. E. JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$30.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Weiland 12944 Julington Ridge DR. E. Jacksonville, FL 32258		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
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 606, Florida Statutes.					
SIGNATURE:			Date: 1/7/04 Daytime Phone #: 904-880-1245		