

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90103 015 ****55.00

DOCUMENT # L03000028896					
1. Entity Name JWL, L.L.C.				Principal Place of Business 844 BELLE MEAD ISLAND MIAMI, FL 33138	
2. Principal Place of Business				Mailing Address 844 BELLE MEAD ISLAND MIAMI, FL 33138	
Suite, Apt. #, etc.		3. Mailing Address POB 187		4. FEI Number 30-0204726	
City & State Cocoa FL		Suite, Apt. #, etc.		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32923-0187	Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOILEAU, JOHN L ESQUIRE 3490 N HWY US 1 COCOA, FL 32926			7. Name and Address of New Registered Agent Name: Bennett, Keith Street Address (P.O. Box Number is Not Acceptable): Retail Site Maint Co. 633 Brevard Ave City: Cocoa FL Zip Code: 32922		
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: <u>[Signature: Keith Bennett]</u> DATE: <u>1 Feb 05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDERS, JOHN W III 844 BELLE MEAD ISLAND MIAMI, FL 33138	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature: Keith Bennett]</u> <u>1 Feb 05</u> (321) 635-9400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					