


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90193 024 ****50.00

DOCUMENT # L04000007075	
1. Entity Name JW ENGINEERING, L.L.C.	

Principal Place of Business 4950 SW 66TH AV PALM CITY, FL 34990	Mailing Address 4950 SW 66TH AV PALM CITY, FL 34990
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2. Principal Place of Business - No P.O. Box # 4950 SW Corsair Ave	3. Mailing Address 4950 SW Corsair Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm City, FL	City & State Palm City, FL
Zip 34990	Country US
Zip 34990	Country US

60016372



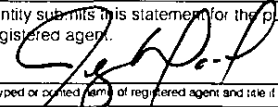
02112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0717366	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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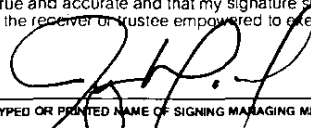
6. Name and Address of Current Registered Agent WOOD, JERRY W 4950 SW 66TH AV PALM CITY, FL 34990	
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7. Name and Address of New Registered Agent	
Name Jerry W. Wood	
Street Address (P.O. Box Number is Not Acceptable) 4950 SW Corsair Ave	
City Palm City	FL Zip Code 34990

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 	DATE 2-13-2007

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, JERRY W 4950 SW 66TH AV PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wood, Jerry W. 4950 SW Corsair Ave Palm City, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Chapter 119, 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: 	DATE 2-13-2007 (772) 286-2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone #