


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90009 008 \*\*\*\*50.00

<b>DOCUMENT # L04000023339</b>		
1. Entity Name <b>JW ENTERPRISES, LLC</b>		

Principal Place of Business <b>713 BROADOAK LOOP</b> <b>LAKE FOREST, FL 32771 US</b>	Mailing Address <b>713 BROADOAK LOOP</b> <b>LAKE FOREST, FL 32771 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2403 S ATLANTIC AVE</b> Suite, Apt. #, etc. <b># 907</b>	3. Mailing Address <b>2403 S ATLANTIC AVE</b> Suite, Apt. #, etc. <b># 907</b>
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City & State <b>DAYTONA BCH SH, FL</b>	City & State <b>DAYTONA BCH SH, FL</b>
Zip <b>32118-5447</b>	Zip <b>32118-5447</b>
Country <b>USA</b>	Country <b>USA</b>



01112007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>MAROON, WALLACE</b> <b>713 BROADOAK LOOP</b> <b>LAKE FOREST, FL 32771</b>	
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7. Name and Address of New Registered Agent Name <b>MAROON, WALLACE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2403 S. ATLANTIC AVE #907</b> City <b>DAYTONA BCH SHORES</b> FL Zip Code <b>32118</b>	
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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 <i>Wallace Maroon</i> Signature, typed or printed name of registered agent and title if applicable	DATE <b>1/12/07</b> (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MAROON, WALLACE</b> <b>713 BROADOAK LOOP</b> <b>LAKE FOREST, FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MAROON, WALLACE</b> <b>2403 S. ATLANTIC AVE #907</b> <b>DAYTONA BCH SH, FL 32118</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>REINHART, JERRY</b> <b>417 GARDEN DRIVE</b> <b>BATAVIA, NY 14020</b> <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
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
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

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: <i>Wallace Maroon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <b>1/12/07</b> Date Daytime Phone #