

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90066 027 \*\*\*\*55.00

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<b>DOCUMENT # L04000023788</b> 1. Entity Name <b>TJ &amp; WR PROPERTIES, LLC</b>					
Principal Place of Business <b>1020 W. PIERSON DRIVE LYNN HAVEN, FL 32444 US</b>				Mailing Address <b>P.O. BOX 1362 LYNN HAVEN, FL 32444 US</b>	
2. Principal Place of Business		3. Mailing Address <i>1020 W. Pierson Dr.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Lynn Haven</i>			
Zip		Country		4. FEI Number <b>20-0974236</b>	
Zip <b>32444</b>		Country <b>Bay</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCOTT, WELKER R 1020 W. PIERSON DRIVE LYNN HAVEN, FL 32444</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SCOTT, WELKER R 1020 W. PIERSON DRIVE LYNN HAVEN, FL 32444</b> <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.					
<b>SIGNATURE:</b> <i>Welker R. Scott</i>			Date <i>7/14/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					