

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90047 037 \*\*\*\*50.00

<b>DOCUMENT # L04000030476</b> 1. Entity Name <b>JANE WADSWORTH DEVELOPMENT LLC</b>					
Principal Place of Business <b>2481 HIGHWAY 71 NORTH WEWAHITCHKA, FL 32465</b>			Mailing Address <b>PO BOX 612 WEWAHITCHKA, FL 32465</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2564 INDIAN PASS ROAD</b>  Suite, Apt. #, etc.		<b>20058360</b>  	
City & State		City & State <b>PORT ST. JOE, FL</b>		4. FEI Number <b>20-1045393</b>	
Zip <b>32456</b>		Country <b>GULF</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCLEMORE, GLENDA N 2481 HIGHWAY 71 NORTH WEWAHITCHKA, FL 32465</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2564 INDIAN PASS ROAD</b>  City <b>PORT ST. JOE, FL 32456</b>	
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 <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 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	MGRM MCLEMORE, WILLIAM W 2481 HIGHWAY 71 NORTH WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLEMORE, WILLIAM W 2564 INDIAN PASS ROAD PORT ST. JOE, FL 32456
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLEMORE, GLENDA N 2481 HIGHWAY 71 NORTH WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLEMORE, GLENDA N 2564 INDIAN PASS ROAD PORT ST. JOE, FL 32456
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		<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.					
<b>SIGNATURE:</b> <input checked="" type="checkbox"/> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date <input checked="" type="checkbox"/> Daytime Phone #	