2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035491

1. Entity Name
CW MITCHELL LLC

Principal Place of Business	Mailing Address
2559 BENJAMIN RD. JACKSONVILLE, FL 32223 US	2559 BENJAMIN RD. JACKSONVILLE, FL 32223 US

DO NOT WRITE IN THIS SPACE

04162006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
03-0541643	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, COLLEEN W
2559 BENJAMIN RD.
JACKSONVILLE, FL 32223

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MITCHELL, COLLEEN W
STREET ADDRESS	2559 BENJAMIN RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	MGRM
NAME	MITCHELL, JAMES R
STREET ADDRESS	2559 BENJAMIN RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80092-016 50.00

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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: _____   4/16/06   904-886-4014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #