

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90037 041 ****50.00

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1. Entity Name
JEFFERSON L. WASHINGTON, L.L.C.



Principal Place of Business
944 FOURTH STREET NORTH, SUITE 800
ST. PETERSBURG, FL 33701

Mailing Address
944 FOURTH STREET NORTH, SUITE 800
ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
05-0609554

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUDGE, FELIX D
944 FOURTH STREET NORTH, SUITE 800
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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: *F. D. Fudge*
Signature, typed or printed name of registered agent and title if applicable.

F D Fudge
(NOTE: Registered Agent signature required when reappointing)

1/6/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

*Managing member
J L W, LLC*

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FUDGE, FELIX D
944 FOURTH STREET NORTH, SUITE 800
ST. PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOODSON, BRITT
300 NORTH MAIN STREET, STE. 402
GREENVILLE, SC 29601

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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IN THIS SPACE**

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: *F. D. Fudge* *F D Fudge* *1/6/06* *727-894-1717*
Signature and typed or printed name of signing managing member, or authorized representative Date Daytime Phone #

*Managing member
J L W, LLC*