

FILED
Aug 08, 2005 8:00 am
Secretary of State

06-20-2005 90165 013 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)


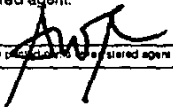
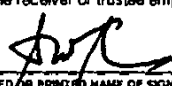
6.

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CR2E083 (10/04)

DOCUMENT # L04000062069			
1. Entity Name JWTJR, LLC.			
Principal Place of Business 2191 SOUTHWEST RIVERSIDE DRIVE PALM CITY FL 34990		Mailing Address 2191 SOUTHWEST RIVERSIDE DRIVE PALM CITY FL 34990	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1530607		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11388 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33418 CARLA TURNER-HAHN, P.A. PO BOX 47213 ST Petersburg FL		7. Name and Address of New Registered Agent Name: CARLA TURNER-HAHN, P.A. Street Address (P.O. Box Number is Not Acceptable): 1517 JUNGLE AVE N City: St Petersburg FL Zip Code: 33710	
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: 		DATE: _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TILLET, J.W. JR. 2191 SOUTHWEST RIVERSIDE DRIVE PALM CITY FL 34990 <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
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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.			
SIGNATURE: 		6/13/05 404-307-5326	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	