2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-17-2005 90099 026 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000063134

1. Entity Name

J & W INVESTMENTS OF BREVARD, LLC

Principal Place of Business	Mailing Address
1008 ORANGE WOODS BLVD ROCKLEDGE FL 32955 US	1008 ORANGE WOODS BLVD ROCKLEDGE FL 32955 US

2. Principal Place of Business	3. Mailing Address
1008 ORANGE WOODS BLVD	1008 ORANGE WOODS BLVD
Suite, Apt. #, etc.: ROCKLEDGE FL	Suite, Apt. #, etc.: ROCKLEDGE FL
City & State: 32955 BEVARD	City & State: 32955 BEVARD
Zip / Country	Zip / Country

4. FEI Number: 201539777 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEATHERFORD, HURDEE 1008 ORANGE WOODS BLVD ROCKLEDGE FL 32955	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______ DATE 2-14-05

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

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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEATHERFORD, HURDEE		NAME		
STREET ADDRESS	1008 ORANGE WOODS BLVD		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MONTINE		NAME		
STREET ADDRESS	1008 ORANGE WOODS BLVD		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Montine Johnson 2-14-05 3216364979

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