2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ck 1322 **FILED**
Jan 29, 2007 08:00 AM
Secretary of State

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

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1539777 ☐ 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 accep 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WEATHERFORD, HURDEE 1008 ORANGE WOODS BLVD ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	U00000608327 02/01/07-00005-019 50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM JOHNSON, MONTINE 1008 ORANGE WOODS BLVD ROCKLEDGE FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Hurdee Weatherford 1-20-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE