2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 01, 2006 08:00 AM DOCUMENT # L04000065656 **Secretary of State** CMA & JWA INTERESTS, LLC Malling Address Principal Place of Business 1621 TILESTON ROAD **1621 TILESTON ROAD** ST. CLOUD, FL 34771 ST. CLOUD, FL 34771 02082006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 20-1636430 \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATKINSON, CAROLE M DO NOT WRITE 1621 TILESTON ROAD ST. CLOUD, FL 34771 IN THIS SPACE 1. 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, CordeM Kingog Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ATKINSON, JAMES WIII NAME 1621 TILESTON ROAD STREET ADDRESS CITY-ST-ZIP ST. CLOUD, FL 34771 U0nim451126 TITLE MGR 03/10/06-80039-003 50.00 ATKINSON, CAROLE M Natar STREET ADDRESS 1621 TILESTON ROAD 87. CLOUD, FL 34771 CITY-ST-ZP TITLE NAME STREET ADORESS DO NOT WRITE CTT-ST-ZP IN THIS SPACE TITLE MAAN STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS OTY-ST-DP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statules, 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 timited liability company or the receiver or trustee exponented to execute this report as required by Chapter 908, Florida Statutes.

SIGNATURE: Carde A Miles

TITLE SUME STREET ADDRESS CITY-ST-ZIP

2/25/06

407-891/803

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MONAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone i

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