2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065656

1. Entity Name
CMA & JWA INTERESTS, LLC

Principal Place of Business	Mailing Address
1621 TILESTON ROAD ST. CLOUD, FL 34771	1621 TILESTON ROAD ST. CLOUD, FL 34771

DO NOT WRITE IN THIS SPACE

01192007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1636430	Not Applicable

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

6. Name and Address of Current Registered Agent

ATKINSON, CAROLE M
1621 TILESTON ROAD
ST. CLOUD, FL 34771

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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_____

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

UODUOOO520931
02/09/07-80057-011 50.00

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ATKINSON, JAMES W III
STREET ADDRESS	1621 TILESTON ROAD
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	MGR
NAME	ATKINSON, CAROLE M
STREET ADDRESS	1621 TILESTON ROAD
CITY-ST-ZIP	ST. CLOUD, FL 34771
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	

DO NOT WRITE 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: *Carole M Atkinson*   2/1/07

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