2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000069400

US

1. Entity Name J.W. PITTS, L.L.C.



Principal Place of Business

3653 REGENT BLVD.

SUITE 106 JACKSONVILLE, FL 32224 Mailing Address

3653 REGENT BLVD. SUITE 106

JACKSONVILLE, FL 32224

FILED May 22, 2007 8:00 am Secretary of State

05-22-2007 90180 027 ****55.00



DO NOT WRITE IN THIS SPACE

05152007 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 20-1655469 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

WALKER, JAMEONEOR COllean White	
228 PONTE VEDRA PARK DRIVE, STS. 200 1168 15t At	بع
Tack sonville Beach, 71 3775	0

6. Name and Address of Current Registered Agent

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the obligat	ions of registered agent. OULLIA WHILE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE	
Fil Due I	ling Fee is \$50.00 by September 14, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PITTS, JACK W JR 3653 REGENT BLVD. JACKSONVILLE, FL 32224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
I indicated	on this report is true and accurate and that my signature st	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that that I have the same legal effect as if made under oath; that I am a managing member or necute this report as required by Chapter 608, Florida Statutes.	the information nanager of the

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

ATTACHMENI

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CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Section 48.091, 607.0501 and 607.0505, Florida Statutes, the following is submitted:

J.W. PITTS, L.L.C., under the laws of the State of Florida hereby designates Colleen a. White, Esq., as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 1168 First Avenue North, Jacksonville Beach, FL 32250.

Having been named as registered agent to accept service of process for the above stated corporation, at the place designated in the certificate, I hereby agree to accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations on my position as registered agent.

Dated this May 16, 2007.

Colleen a. White, Esq.

ATTACHMENT

Colleen A. White

Attorney at Law, Qualified Arbitrator & Certified Mediator # L040000(9400)

Telephone (004)242-2809 Telephone (904)242-8828

P.O. Box 50031 Jacksonville Beach, FL 32240 1168 1st Avenue North Jacksonville Beach, FL 32250

May 16, 2007

Division of Corporation P.O. Box 6198 Tallahassee, FL 32314

Dear Sir or Madam,

I have enclosed an original 2007 Limited Liability Company Annual Report, an original Certificate Designating Registered Office and Registered Agent and an attorney's check in the amount of \$55.00 for the filing fee and the certificate.

Thank you for your attention to this matter.

Sincerely Yours,

CAW/sn cc: Jack Pitts Encl. (3)