

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072050

Entity Name: J W EQUITY INVESTMENTS, LLC

FILED
May 19, 2005
Secretary of State

Current Principal Place of Business:

4495-304 ROOSEVELT BLVD.
JACKSONVILLE, FL 322103381

New Principal Place of Business:

4495-304 ROOSEVELT BLVD.
158
JACKSONVILLE, FL 322103381

Current Mailing Address:

4494-304 ROOSEVELT BLVD.
JACKSONVILLE, FL 322103381

New Mailing Address:

4494-304 ROOSEVELT BLVD.
158
JACKSONVILLE, FL 322103381

FEI Number: 03-0561611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HINES, EDWARD
4495-304 ROOSEVELT BLVD.
JACKSONVILLE, FL 322103381 US

Name and Address of New Registered Agent:

HINES, EDWARD
4495-304 ROOSEVELT BLVD.
158
JACKSONVILLE, FL 322103381 US

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.

SIGNATURE:

05/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HINES, EDWARD
Address: 4495-304 ROOSEVELT BLVD.
City-St-Zip: JACKSONVILLE, FL 322103381

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HINES, EDWARD
Address: 4495-304 ROOSEVELT BLVD., 158
City-St-Zip: JACKSONVILLE, FL 322103381

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDWARD HINES

MGRM

05/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date