

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076379

Entity Name: JOANDWALTER, LLC

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

WALTER R. BENJAMIN
2502 MIDWAY ROAD
DECATUR, GA 30030

New Principal Place of Business:

Current Mailing Address:

WALTER R. BENJAMIN
2502 MIDWAY ROAD
DECATUR, GA 30030

New Mailing Address:

FEI Number: 20-1876352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHELERTER, JANICE B
5307 ROLLINS AVENUE
JACKSONVILLE, FL 322077713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BENJAMIN, WALTER R
Address: 2502 MIDWAY ROAD
City-St-Zip: DECATUR, GA 30030

Title: MGRM () Delete
Name: BENJAMIN-FARREN, JOAN
Address: 46 PLEASANT STREET
City-St-Zip: SHARON, MA 020671244

Title: MGRM () Delete
Name: GHELERTER, JANICE B
Address: 5307 ROLLINS AVENUE
City-St-Zip: JACKSONVILLE, FL 322077713

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALTER R. BENJAMIN

MGRM

01/06/2005

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