

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000076379

1. Entity Name
 JOANDWALTER, LLC



Principal Place of Business
 WALTER R. BENJAMIN
 2502 MIDWAY ROAD
 DECATUR, GA 30030

Mailing Address
 WALTER R. BENJAMIN
 2502 MIDWAY ROAD
 DECATUR, GA 30030



01132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-1876352

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GHELERTER, JANICE B
 5307 ROLLINS AVENUE
 JACKSONVILLE, FL 32207-7713

DO NOT WRITE IN THIS SPACE

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

Janice B. Ghelenter / Janice B. Ghelenter

01/18/2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BENJAMIN, WALTER R
STREET ADDRESS	2502 MIDWAY ROAD
CITY-ST-ZIP	DECATUR, GA 30030
TITLE	MGRM
NAME	BENJAMIN-FARREN, JOAN
STREET ADDRESS	48 PLEASANT STREET
CITY-ST-ZIP	SHARON, MA 020671244
TITLE	MGRM
NAME	GHELERTER, JANICE B
STREET ADDRESS	5307 ROLLINS AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 322077713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 01/25/06-80014-024 50.00

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:

Walter R Benjamin

01/13/2006

(404) 874 4114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #