

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90035 031 ****50.00

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|--|--|--|--|---|--|
| DOCUMENT # L05000003521 1. Entity Name J.A.W. INVESTMENTS, L.L.C. | | | | | |
| Principal Place of Business 3918 KILMARNOCK DR. APOPKA, FL 32712-4783 | | | Mailing Address 3918 KILMARNOCK DR. APOPKA, FL 32712-4783 | | |
| 2. Principal Place of Business 2170 Wekiva Village Ln Suite, Apt. #, etc. | | 3. Mailing Address 2170 Wekiva Village Ln Suite, Apt. #, etc. | | | |
| City & State Apopka, FL | | City & State Apopka, FL | | 4. FEI Number 38-3450420 | |
| Zip 32703 | | Country Orange | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, JAMES C 3918 KILMARNOCK DR APOPKA, FL 32712-4783 | | | 7. Name and Address of New Registered Agent Name Williams, James C. Street Address (P.O. Box Number is Not Acceptable) 2170 Wekiva Village Lane City Apopka FL Zip Code 32703 | | |
| 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 <u><i>James C Williams</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/6/06</u> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WILLIAMS, JAMES C 3918 KILMARNOCK DR APOPKA, FL 327124783 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WILLIAMS, CHERYL L 3918 KILMARNOCK DR APOPKA, FL 327124783 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WILLIAMS, JAMIE A 3918 KILMARNOCK DR APOPKA, FL 327124783 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WILLIAMS, JAMES C. 2170 WEKIVA VILLAGE LANE APOPKA, FL 32703 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WILLIAMS, CHERYL L 2170 WEKIVA VILLAGE LANE APOPKA, FL 3203 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WILLIAMS, JAMIE A 2170 WEKIVA VILLAGE LANE APOPKA, FL 32703 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WILLIAMS, JAMES C. 2170 WEKIVA VILLAGE LANE APOPKA, FL 32703 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WILLIAMS, CHERYL L 2170 WEKIVA VILLAGE LANE APOPKA, FL 3203 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WILLIAMS, JAMIE A 2170 WEKIVA VILLAGE LANE APOPKA, FL 32703 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: <u><i>James C Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>4/6/06</u> 231-218-0556 <small>Date Daytime Phone #</small> | | |