

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000003521**

1. Entity Name  
**J.A.W. INVESTMENTS, L.L.C.**



Principal Place of Business  
**2170 WEKIVA VILLAGE LN  
APOPKA, FL 32703**

Mailing Address  
**2170 WEKIVA VILLAGE LN  
APOPKA, FL 32703**



03312008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-3450420</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMS, JAMES C  
2170 WEKIVA VILLAGE LN  
APOPKA, FL 32703**

**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

*James C Williams*  
Signature of, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**4/4/08**  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000938830  
05/28/08-80003-011 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JAMES C 2170 WEKIVA VILLAGE LN APOPKA, FL 32703
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, CHERYL L 2170 WEKIVA VILLAGE LN APOPKA, FL 32703
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JAMIE A 2170 WEKIVA VILLAGE LN APOPKA, FL 32703
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:**

*James C Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/4/08 407-574 5694**