


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90056 009 ****55.00

DOCUMENT # L05000017652	
1. Entity Name CWJW REALTY LLC	

Principal Place of Business 2538 SAN LUIS ROAD HOLIDAY FL 34691	Mailing Address 2538 SAN LUIS ROAD HOLIDAY FL 34691
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2. Principal Place of Business 2538 San Luis Rd Suite, Apt. #, etc.	3. Mailing Address 2538 San Luis Rd Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State Holiday FL	City & State Holiday FL	4. FEI Number 20-2377435	Applied For <input type="checkbox"/>
Zip 34691	Country USA	Zip 34691	Country FL

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	Not Applicable <input type="checkbox"/>
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6. Name and Address of Current Registered Agent WOLLY, CHARLES 2538 SAN LUIS ROAD HOLIDAY FL 34691	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLLY, CHARLES 2538 SAN LUIS ROAD HOLIDAY FL 34691 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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: Charles Wolly **Charles Wolly** 5/24/06 727 938 2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #