

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021299

Entity Name: WJA PROPERTIES, LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

4530 CHANCELLOR ST, NE
ST PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

4530 CHANCELLOR ST, NE
ST PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 20-2578128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, LESLIE J
601 BAYSHORE BLVD, STE 700
TAMPA, FL 33606 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/MANAGERS:

Title: MR. () Delete
Name: WILKINSON, JR., WILLIAM C MGR
Address: 4530 CHANCELLOR ST. N.E.
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MR. () Delete
Name: JENKINS, WALTER C MGRM
Address: 4530 CHANCELLOR ST. N.E.
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MS. () Delete
Name: ALEXANDER, JANET W MGRM
Address: 4530 CHANCELLOR ST. N.E.
City-St-Zip: ST. PETERSBURG, FL 33703 US

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 exemption stated in Chapter 119, 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: WILLIAM C WILKINSON

MGR

04/21/2008

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