

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90418 028 ****50.00

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DOCUMENT # L05000056986 1. Entity Name J.W.A. INVESTMENTS LLC					
Principal Place of Business 883 GAZETTA WAY WEST PALM BEACH, FL 33413			Mailing Address 883 GAZETTA WAY WEST PALM BEACH, FL 33413		
2. Principal Place of Business IN WEST Palm Beach Suite, Apt. #, etc.		3. Mailing Address 883 Gazetta way Suite, Apt. #, etc.		02232006 Chg-LLC CR2E083 (11/05)	
City & State WEST Palm BEACH, Fla		City & State WEST Palm BEACH, Fla		4. FEI Number 20-2999917	
Zip 33413		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WARNER, RONALD 1897 PALM BEACH LAKES BLVD. SUITE 226 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name JEAN W AIME Street Address (P.O. Box Number is Not Acceptable) 236 N WARE DR WEST Palm BEACH, Fla 33409 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 <u><i>Jean W Aime</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
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 Madeline Crepond <input type="checkbox"/> Delete STREET ADDRESS "President" 883 Gazetta CITY-ST-ZIP Way WPB, Fla 33413			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME JEAN W Aime <input type="checkbox"/> Delete STREET ADDRESS 236 N WARE DR WPB Fla CITY-ST-ZIP 33409			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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>Jean W Aime</i></u>				Date <u><i>2/27/06</i></u> Daytime Phone #	