

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068499

Entity Name: MJW PROPERTIES, LLC

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

3805 FAYE ROAD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

PO BOX 26829
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 33-1120152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, MARK S
3805 FAYE ROAD
JACKSONVILLE, FL 32226 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: D () Delete
Name: COLE, MARK H
Address: 3805 FAYE ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: TANKERSLEY, DAVID W
Address: 3805 FAYE ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: NEMETH, ANNMARIE
Address: 3805 FAYE ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: P,D () Delete
Name: MARK S. WOOD, LLC,
Address: 3805 FAYE ROAD
City-St-Zip: JACKSONVILLE, FL 32226

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:

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: MARK S. WOOD

PD

02/12/2008

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