

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091194

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: J & W REAL ESTATE RESOURCES, LLC

**Current Principal Place of Business:**

36181 EAST LAKE ROAD  
SUITE 177  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

36181 EAST LAKE ROAD  
SUITE 177  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 20-3481210      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAUCH, WILLIAM R  
36181 EAST LAKE ROAD  
SUITE 177  
PALM HARBOR, FL 34685 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: MGR ( ) Delete  
Name: GAUCH, WILLIAM R  
Address: 4744 BARSDALE DRIVE  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGR ( ) Delete  
Name: FRANKFORD, JEFF  
Address: 6519 27TH WAY NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702 US

**ADDITIONS/CHANGES:**

Title: MM (X) Change ( ) Addition  
Name: GAUCH, WILLIAM R  
Address: 4744 BARSDALE DRIVE  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 R. GAUCH

MM

04/20/2007

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