

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109160

Entity Name: W AND A PROPERTIES LLC

FILED
Feb 02, 2006
Secretary of State

Current Principal Place of Business:

12443 SAN JOSE BLVD
904
JACKSONVILLE, FL 32223

New Principal Place of Business:

12276 SAN JOSE BOULEVARD, SUITE 518
JACKSONVILLE, FL 32223

Current Mailing Address:

12443 SAN JOSE BLVD
904
JACKSONVILLE, FL 32223

New Mailing Address:

12276 SAN JOSE BOULEVARD, SUITE 518
JACKSONVILLE, FL 32223

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERRE, CHRIS
12845 BAY PLANTATION DR
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

ALBERRE, CHRIS
12276 SAN JOSE BOULEVARD, SUITE 518
JACKSONVILLE, FL 32223 US

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:

02/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WAGAND, RONALD C
Address: 12443 SAN JOSE BLVD, SUITE 904
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGR () Delete
Name: ALBERRE, CHRISTOPHER E
Address: 12443 SAN JOSE BLVD, SUITE 904
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES:

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 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: CHRIS ALBERRE

MGR

02/02/2006

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