2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# L05000109160

Entity Name: W AND A PROPERTIES LLC

Current Principal Place of Business:

12276 SAN JOSE BOULEVARD, SUITE 518
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12276 SAN JOSE BOULEVARD, SUITE 518
JACKSONVILLE, FL 32223

New Mailing Address:

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

Name and Address of Current Registered Agent:

ALBERRE, CHRIS
12276 SAN JOSE BOULEVARD, SUITE 518
JACKSONVILLE, FL 32223 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: 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: MGR (X) Change ( ) Addition
Name: WAGAND, RONALD C
Address: 12276 SAN JOSE BLVD, SUITE 518
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGR (X) Change ( ) Addition
Name: ALBERRE, CHRISTOPHER E
Address: 12276 SAN JOSE BLVD, SUITE 518
City-St-Zip: JACKSONVILLE, FL 32223

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 01/05/2007

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