

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90238 043 \*\*\*138.75

**DOCUMENT # L06000002473**

1. Entity Name  
**JW GLEE, LLC**



Principal Place of Business  
**208 MARY ESTHER BLVD.  
MARY ESTHER, FL 32569 US**

Mailing Address  
**2732 MUIRFIELD DR.  
NAVARRE, FL 32566**

**60020708**



**04022008 Chg-LLC CR2E083 (12/06)**

4. FEI Number  
**76-0815106**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **SCHAIBLE, GLENN**  
CITY-ST-ZIP **1424 JOHN STEINBECH DR.  
NICEVILLE, FL 32578**

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **WHEELER, JOHN**  
CITY-ST-ZIP **9591 FOX HILL CIRCLE SOUTH  
GERMANTOWN, TN 38139**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Schaible, Glenn**  
STREET ADDRESS **2732 Muirfield Drive**  
CITY-ST-ZIP **Navarre FL 32566**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Wheeler, John**  
STREET ADDRESS **9591 Fox Hill Circle South**  
CITY-ST-ZIP **Germantown TN 38139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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: Glenn Schaible Glenn Schaible - 4/2/08 850-218-9076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #