## 2008 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Jan 10, 2008 08:00 A **DOCUMENT # L06000045381** Secretary of State 1. Entity Name JWHW, LLC Mailing Address Principal Place of Business P.O. BOX 433 P.O. BOX 433 PALM HARBOR, FL 34682 PALM HARBOR, FL 34682 CR2E083 (12/07) 01042008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE ✓ Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, HOPETON G DO NOT WRITE 1927 GULFVIEW DR. HOLIDAY, FL 34691 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. · FILE NOW!!! FEE IS \$138.75 10 13 000000778198 S F F After May 1, 2008 Fee will be \$538.75 01/10/08-80038-019 138.75 MANAGING MEMBERS/MANAGERS MGR TITLE WILLIAMS, HOPETON G NAME : 1927 GULFVIEW DR. STREET ADDRESS CITY-ST-ZIP HOLIDAY, FL 34691 TTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP T?7LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME .

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZP

Hopeton