

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90032 036 \*\*\*\*50.00

**DOCUMENT # L06000058047**

1. Entity Name  
**JWE ASSOCIATES LLC**



Principal Place of Business  
**834 SHIPWATCH DR.  
JACKSONVILLE, FL 32225**

Mailing Address  
**834 SHIPWATCH DR.  
JACKSONVILLE, FL 32225**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**20-4999025**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD.  
STE 101  
TALLAHASSEE, FL 32301-2960**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS

TITLE: **MGR** ☐ Delete  
NAME: **EDDY, JEANNE**  
STREET ADDRESS: **834 SHIPWATCH DR.**  
CITY- ST- ZIP: **JACKSONVILLE, FL 32225**

TITLE: ☐ Delete  
NAME: ☐ Delete  
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CITY- ST- ZIP: ☐ Delete

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STREET ADDRESS: ☐ Delete  
CITY- ST- ZIP: ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

*James H. Eddy*  
**JEANNE EDDY**

4/17/07

904-220-5362