

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104270

Entity Name: WDW ENTERPRISES, LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

12654 ASHMORE GREEN DRIVE SOUTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

12654 ASHMORE GREEN DRIVE SOUTH
JACKSONVILLE, FL 32246

New Mailing Address:

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

Name and Address of Current Registered Agent:

BURNETTE, JR., GUY E ESQ.
3020 N. SHANNON LAKE DRIVE
TALLAHASSEE, FL 32209 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: PRES () Delete
Name: WATSON III, WILLIAM D
Address: 12654 ASHMORE GREEN DR. S.
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: WATSON, SHAWNA M
Address: 12654 ASHMORE GREEN DR. S.
City-St-Zip: JACKSONVILLE, FL 32246

Title: TREA () Delete
Name: WATSON, SHAWNA M
Address: 12654 ASHMORE GREEN DR. S.
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: WILLIAM D. WATSON III

PRES

03/25/2009

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