

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109862

Entity Name: WJN PROPERTIES, LLC

FILED
Feb 27, 2008
Secretary of State

Current Principal Place of Business:

811 EAST PALM RUN DRIVE
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

811 EAST PALM RUN DRIVE
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 26-0552010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NURSE, MARVENE P
811 EAST PALM RUN DRIVE
NORTH LAUDERDALE, FL 33068 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: MGRM () Delete
Name: NURSE, MARVENE
Address: 811 EAST PALM RUN DRIVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: MGRM () Delete
Name: WILLIAMS, JENNIFER
Address: 5203 EAGLE CAY PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () Delete
Name: JEAN-BAPTISTE, MICHELLE
Address: 505 NW 214 STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: JEAN-BAPTISTE, MICHELLE
Address: P.O. BOX 693633
City-St-Zip: MIAMI, FL 33269

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: MICHELLE JEAN-BAPTISTE

MGRM

02/27/2008

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