

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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04-30-2007 90041 006 *****50.00
FILED L06000110431

SECRETARY OF STATE
4. DIVISION OF CORPORATIONS

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DOCUMENT # L06000110431			
1. Entry Name WJM LAND, LLC			
Principal Place of Business 9428 BAYMEADOWS ROAD STE 120 JACKSONVILLE, FL 32256		Mailing Address 9428 BAYMEADOWS ROAD STE 120 JACKSONVILLE, FL 32256	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 706	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fernandina Beach, FL	
Zip	Country	Zip	Country
		32035	Nassau
4. FEI Number 20-5910011		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MONTGOMERY, CYNTHIA M 50 NORTH LAURA STREET STE 2500 JACKSONVILLE, FL 32202		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 _____ DATE _____ Signature, typed or printed name of registered agent and any if applicable (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition
		Member William J. Mock, Jr. 1890 S. 14th St. Suite 200 Fernandina Beach, FL 32034	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 808, Florida Statutes.			
SIGNATURE: _____		4/24/07 904-251-8822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	