

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051170

Entity Name: WJ HOLDINGS LLC

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

1133 HIDEAWAY DR  
JACKSONVILLE, FL 32259 US

## New Principal Place of Business:

2220 CR 210 WEST  
STE 108-143  
JACKSONVILLE, FL 32259 US

## Current Mailing Address:

1133 HIDEAWAY DR  
JACKSONVILLE, FL 32259 US

## New Mailing Address:

2220 CR 210 WEST  
STE 108-143  
JACKSONVILLE, FL 32259 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETTINGER, WILL  
1133 HIDEAWAY DR  
JACKSONVILLE, FL 32259 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: PETTINGER, WILL  
Address: 1133 HIDEAWAY DR  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM ( ) Delete  
Name: MILLER, JONATHAN  
Address: 1133 HIDEAWAY DR  
City-St-Zip: JACKSONVILLE, FL 32259 US

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: MILLER, JONATHAN  
Address: 3101 MOHAVE WAY  
City-St-Zip: JACKSONVILLE, FL 32259 US

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: JONATHAN R. MILLER

MGMR

04/29/2008

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