

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088413

Entity Name: T & W VENTURES LLC

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

4370 REDCREEK RD  
SEMMES, AL 36575

## New Principal Place of Business:

1403 DUNN AV  
FIVE  
JACKSONVILLE, FL 32218

## Current Mailing Address:

4370 REDCREEK RD  
SEMMES, AL 36575

## New Mailing Address:

4370 REDCREEK ROAD  
SEMMES, AL 36575

FEI Number: 26-3271981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BISHOP, ROBERT  
5873 UNIVERSITY DR.  
JACKSONVILLE, FL 32216 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: MGR ( ) Delete  
Name: WYERS, WILLIAM  
Address: 4370 REDCREEK RD  
City-St-Zip: SEMMES, AL 36575

Title: MGRM ( ) Delete  
Name: BRACKETT, THOMAS A  
Address: P.O. BOX 501201  
City-St-Zip: MOBILE, AL 36605

Title: MGR ( ) Delete  
Name: BRACKETT, THOMAS A  
Address: P.O. BOX 501201  
City-St-Zip: MOBILE, AL 36605

Title: MGRM ( ) Delete  
Name: WYERS, WILLIAM  
Address: 4370 REDCREEK RD  
City-St-Zip: SEMMES, AL 36575

## 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:

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 WYERS

MGR

01/07/2009

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