


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L95000000973</b> 1. Entity Name W.N.R.J. MANAGEMENT, LLC	
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Principal Place of Business 6825 N.W. 8TH AVENUE GAINESVILLE, FL 32605	Mailing Address 6825 N.W. 8TH AVENUE GAINESVILLE, FL 32605
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**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-2993479	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  SHANLEY, GERI L 13221 NW MILLHOPPER GAINESVILLE, FL 32653
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000112928  
04/14/04-80042-007 200.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHANLEY, GERI L 6825 NW 8TH AVENUE GAINESVILLE, FL
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

**SIGNATURE:** *[Signature]* **DATE:** 4/12/04 **DAYTIME PHONE #:** 352-331-0388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE