

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90222 035 \*\*\*\*50.00

**DOCUMENT # L98000000046**

1. Entity Name

**A & W VENTURES L.C.**



Principal Place of Business

**5565 A. CRAWFORDVILLE ROAD  
TALLAHASSEE FL 32305**

Mailing Address

**5565 A. CRAWFORDVILLE ROAD  
TALLAHASSEE FL 32305**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

**59-3492125**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, G. ALLEN  
5565 A. CRAWFORDVILLE ROAD  
TALLAHASSEE FL ~~32310~~**

**32305**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS: \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **JENKINS, G. ALLEN**  
STREET ADDRESS **5565 A. CRAWFORDVILLE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **MGRM** ☐ Delete  
NAME **JENKINS, WANDA J**  
STREET ADDRESS **5565 A. CRAWFORDVILLE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**WANDA J. JENKINS**

*Wanda J. Jenkins*

**3-16-06**

**850.656-8633**