


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # L98000000046 1. Entity Name A & W VENTURES L.C.	
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Principal Place of Business 5565 A. CRAWFORDVILLE ROAD TALLAHASSEE, FL 32305	Mailing Address 5565 A. CRAWFORDVILLE ROAD TALLAHASSEE, FL 32305
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01242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3492125	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JENKINS, G. ALLEN 5565 A. CRAWFORDVILLE ROAD TALLAHASSEE, FL 32305
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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, G. ALLEN 5565 A. CRAWFORDVILLE ROAD TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, WANDA J 5565 A. CRAWFORDVILLE ROAD TALLAHASSEE, FL 32310
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<p>U00000645012 03/02/07-80067-002 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 608, Florida Statutes.

SIGNATURE: Wanda J. Jenkins 2-19-07 850-656-8633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #