2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L98000000046

Entity Name: A & W VENTURES L.C.

Current Principal Place of Business:

5565 A. CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

5565 A. CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 59-3492125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, G. ALLEN
5565 A. CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305 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:	JENKINS, G. ALLEN	
Address:	5565 A. CRAWFORDVILLE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	MGRM	( ) Delete
Name:	JENKINS, WANDA J	
Address:	5565 A. CRAWFORDVILLE ROAD	
City-St-Zip:	TALLAHASSEE, FL 32310	

ADDITIONS/CHANGES:

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: WANDA J. JENKINS MGRM 02/10/2009

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