## 2005 LIMITED LIABILITY COMPANY

## FILED **ANNUAL REPORT** Jan 24, 2005 08:00 AM **DOCUMENT # M00000000109 Secretary of State** 1. Entity Name RJW CONSULTING, L.L.C. Mailing Address Principal Place of Business P.O. BOX 241165 1 COMMERCE ST MONTGOMERY, AL 36104 **STE 700** MONTGOMERY, AL 36104 01142005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-1241008 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, 2005 MANAGING MEMBERS/MANAGERS 8. TITLE MGR WYNN, RONNIE J NAME P.O. BOX 241165 STREET ADDRESS CATY-ST-ZIP MONTGOMERY, AL 361241165 UMM01914(iii TIFLE 01/24/05-80174-015 55.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAUJE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME,

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 fine received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZP ITILE NAME STREET ADDRESS CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME