


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State


04-18-2008 90153 030 ***138.75

DOCUMENT # M06000001552	
1. Entity Name JWR ENTERPRISES, LLC	

Principal Place of Business 3535 KING B ST LECANTO, FL 34461	Mailing Address 3535 KING B ST LECANTO, FL 34461
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2. Principal Place of Business - No P.O. Box # 500 Trinity LA.	3. Mailing Address 500 Trinity LA.
Suite, Apt. #, etc. # 4211	Suite, Apt. #, etc. # 4211
City & State Saint Petersburg FL	City & State Saint Petersburg FL
Zip 33716	Country USA

50004521



04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 37-1424538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
RAMEY, JAMES W 3535 KING B ST LECANTO, FL 34461	

7. Name and Address of New Registered Agent	
Name Ramey, James W	
Street Address (P.O. Box Number is Not Acceptable) 500 Trinity LA. # 4211	
City Saint Petersburg	Zip Code 33716


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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMEY, JAMES W 3535 KING B ST LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMEY, JAMES W 500 Trinity LA. #4211 Saint Petersburg FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **4/12/08 3524226845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #