FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90190 034 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M96000000359

1. Entity Name
WJC & COMPANY LLC

Principal Place of Business	Mailing Address
301 FRONT STREET 112 KEY WEST, FL 33040	301 FRONT STREET 112 KEY WEST, FL 33040

04142004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
201 FRONT STREET		201 FRONT STREET	
Suite, Apt #, etc. 112		Suite, Apt. #, etc. 112	
City & State KEY WEST FL		City & State KEY WEST FL	
Zip 33040	Country	Zip 33040	Country

4. FEI Number 65-0631446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, WALLACE E 304 FRONT STREET STE 112 KEY WEST, FL 33040	Name CLARK WALLACE E Street Address (P.O. Box Number Is Not Acceptable) 201 FRONT STREET STE 112 KEY WEST FL 33040 City FL Zip Code 33040

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] WALLACE E. CLARK, MGR 4-14-04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, WALLACE E 201 FRANK STREET STE 112 KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK WALLACE E 201 FRONT STREET STE 112 KEY WEST FL 33040	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

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