

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009891

Entity Name: CWH ASSOCIATES, L.L.C.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

4348 SOUTHPOINT BLVD, STE 200
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4348 SOUTHPOINT BLVD, STE 200
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3666335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, BOBBY L
4348 SOUTHPOINT BLVD STE 200
JACKSONVILLE, FL 32216 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: MGR () Delete
Name: COPPENBURGER, RONALD
Address: 7700 SQUARE LAKE BLVD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR () Delete
Name: COLLINS, JD
Address: 3840 CROWN POINT RD STE #A
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM () Delete
Name: WALTON, BOBBY L
Address: 279 SOPHIA TERRACE
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: MGR () Delete
Name: WILLIAMS, WALTER JR
Address: 10450 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: INSURAMERICA OF FL, INC
Address: 4348 SOUTHPOINT BLVD STE 200
City-St-Zip: JACKSONVILLE, FL 32216

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: BOBBY L WALTON

MGRM

04/08/2009

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