## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT #L03000039375



FILED
Mar 29, 2006 8:00 am
Secretary of State
03-29-2006 90021 005 \*\*\*\*50.00

1. Entity Nam PW INVE	e STORS,	LLC											
Principal Place of Business 15758 95TH AVE. N. JUPITER, FL 33478			Mailing Address 15758 95TH AVE. N. JUPITER, FL 33478			i	~~~ugg						
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02062006	Chg	-LLC	CR2E	083 (11/05)		
City & State			City & State				4. FEI Numl 54-21	ber 32789			No	oplied For of Applicable	
Žip			Zip Count		ry	•						5.00 Additional	
	6. Name	and Address of Current R	legistered Agent	Agent 7.				a Adares	SOTNEWN	kegistered	Agent		
MADD DE	ENIME	35 m			Name								
WARD, DENINE   15758 95TH AVE. N.   JUPITER, FL 33478			Street Addre			dress (P	.O. Box Num	ber is Not	Acceptable	e)			
JOPTIER, I E 33476				City					FI	Zip Cod	e		
		ty submits this statement for tered agent.	the purpose of changing its	registered	d office or r	registere	d agent, or b	oth, in the	State of Flo			and accept	
SIGNATURE	_									DATE		<del></del>	
	Signature, typed	d or printed name of registered agent ar	nd litte if applicable. (NOT	E: Hegistered	Agent signature	e reguirea v	vhen reinstating)	т		DATE			
Filing Fee is \$50.00 Due by May 1, 2006													
Fi D	iling Fee ue by Ma	y 1, 2006						<u></u>	Florida	a Departi	payable to ment of Stat	e	
Fi D	ue by Ma	is \$50.00 y 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.				ļ		a Departi	ment of States		
9. TITLE	MGRM	y 1, 2006  MANAGING MEMBER	RS/MANAGERS	TITLE					Florida	a Departi	ment of Stat	e Addition	
9. TITLE NAME	MGRM PEACOC	MANAGING MEMBER		TITLE NAME			a Par		Florida ADDITIONS	a Departi	S Change		
9. TITLE NAME STREET ADDRESS	MGRM PEACOC	MANAGING MEMBER K, ART DEING CT		TITLE NAME STREE	T ADDRESS	21	7 Poi		Florida ADDITIONS	a Departi	S Change	☐ 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.

ROY M WARD MERM 3-20-06 SIGNATURE: 10 CO TO WARD THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE