2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 25, 2005 8:00 am Secretary of State 07-18-2005 90108 022 ****50.00

S. Name and Address of Current Registered Agent S. Name and Address of Status Desired S. Name and Address of Status Desired S. Ren Reciving Name	DOCUMEN 1. Entity Name PWP II, LLC	# LU4UUUU42	372				07-18-200	JS 90108 02	2 ****50.00
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S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent Steel Address (P.O. Box Number is Not Acceptable) Steel Address (P.O. Box Number is Not Acceptable) Steel Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zip Code City FL Zip Code City FL Zip Code FL Zip Code City FL Zip Code FL Zip Code FL Zip Code City FL Zip Code FL Zip Code FL Zip Code FL Zip Code City FL Zip Code F	City & State		City & State					-	Applied For Not Applicab
Name Name Street Acceptable	Zip	Country	Zip	Coun	ılry	5. Certificat	e of Status Desired		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named existly admits this statement for the purpose of changing its registered open. In both, in the State of Roxids. I am liamitize with, and acceptable into additions of registered agent. SIGNATURE Plands. Total or primary or registered agent. Trick Registered agent. The Acceptable into additions of registered agent. SIGNATURE Plands free its \$50.00 Make check payable to Provide Department or State Provide Department or State Provide Department or State Acceptable) SIGNATURE Plands free its \$50.00 Make check payable to Provide Department or State Provide Department or State INC. ADDITIONS/CHANGES INC. ADDITIONS/CHA	6. Na	ime and Address of Current I	Registered Agent		Name	7. Name an	d Address of New R	egistered Agent	
Stored Address (P.O. Box Number is Not Acceptable) City FL Zip Code	BLALOCK, WALT	ERS. HELD & JOHNSO	N. P.A.		Namo		· • · •		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Filling Fee is \$50.00	802 11TH STREE	T WEST	4		Street Address (P.O. Box Number is Not Acceptable)				
6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the debigations of registered agent. SIGNATURE: ###################################					City	-	· · · · · · · · · · · · · · · · · · ·	FI Z	Code
SIGNATURE Filling Fee to \$50,00 Due by September 7, 2005 ### ADDITIONS/CHANGES ITLE NAME TOTAL West Live of the Colored State ### ADDITIONS/CHANGES ITLE NAME TOTAL West Live of The Colored State ### ADDITIONS/CHANGES TITLE NAME TOTAL West Live of The Colored State ### ADDITIONS/CHANGES TOTAL West Live of The Colored Stat	8. The above named e	entity submits this statement for	the purpose of changing its	register	l ad office or registe	ared agent, or b	oth, in the State of Flo		with, and accep
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