


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000000075

1. Entity Name
LW TAMPA 857, LLC



Principal Place of Business 120 NEWPORT CENTER DRIVE SUITE 220 NEWPORT BEACH, CA 92660	Mailing Address 120 NEWPORT CENTER DRIVE SUITE 220 NEWPORT BEACH, CA 92660
--	--

DO NOT WRITE IN THIS SPACE



03212006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 95-3032890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHIFFMAN, ADAM R ESQUIRE
 2999 N.E. 191 STREET
 900
 AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2008

400000502547
 04/25/06-80107-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM L&W PARTNERSHIP, A CA GENERAL PARTNERSHIP 120 NEWPORT CENTER DRIVE SUITE 220 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WITTENBERG, ERIC A 120 NEWPORT CENTER DRIVE SUITE 220 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVINGSTON, C. RONALD 120 NEWPORT CENTER DRIVE SUITE 220 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GITSHAM, FRAN 120 NEWPORT CENTER DRIVE SUITE 220 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

L & W Partnership, Managing Member

SIGNATURE: By: *Fran Gitsham* **Fran Gitsham, Attorney-In-Fact** **949/640-6720 Ext. 15**

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