

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000075

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: LW TAMPA 857, LLC

**Current Principal Place of Business:**

120 NEWPORT CENTER DRIVE  
SUITE 220  
NEWPORT BEACH, CA 92660

**New Principal Place of Business:**

**Current Mailing Address:**

120 NEWPORT CENTER DRIVE  
SUITE 220  
NEWPORT BEACH, CA 92660

**New Mailing Address:**

FEI Number: 95-3032890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHIFFMAN, ADAM R ESQUIRE  
2999 N.E. 191 STREET  
900  
AVENTURA, FL 33180 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: MGRM ( ) Delete  
Name: L&W PARTNERSHIP, A C, A GENERAL PART N ERSHIP  
Address: 120 NEWPORT CENTER DRIVE SUITE 220  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: MGR ( ) Delete  
Name: WITTENBERG, ERIC A  
Address: 120 NEWPORT CENTER DRIVE SUITE 220  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: MGR ( ) Delete  
Name: LIVINGSTON, C. RONALD  
Address: 120 NEWPORT CENTER DRIVE SUITE 220  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: MGR ( ) Delete  
Name: GITSHAM, FRAN  
Address: 120 NEWPORT CENTER DRIVE SUITE 220  
City-St-Zip: NEWPORT BEACH, CA 92660

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRAN GITSHAM

MGR

04/24/2007

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