

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000009891

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

**Current Principal Place of Business:**

4348 SOUTHPOINT BLVD, STE 200  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4348 SOUTHPOINT BLVD, STE 200  
JACKSONVILLE, FL 32216

**FEI Number:** 59-3666335

**Certificate of Status Desired:** No

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

WALTON, BOBBY L  
4348 SOUTHPOINT BLVD STE 200  
JACKSONVILLE, FL 32216 US

*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

**Authorized Person(s) Detail :**

|                 |                        |                 |                              |
|-----------------|------------------------|-----------------|------------------------------|
| Title           | MGRM                   | Title           | MGR                          |
| Name            | WALTON, BOBBY L        | Name            | INSURAMERICA OF FL, INC      |
| Address         | 279 SOPHIA TERRACE     | Address         | 4348 SOUTHPOINT BLVD STE 200 |
| City-State-Zip: | ST. AUGUSTINE FL 32095 | City-State-Zip: | JACKSONVILLE FL 32216        |

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BOBBY WALTON**

**MANAGER**

**04/15/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date