2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003076 1. Entity Name DWG REAL ESTATE, LLC						FILED 01 APR -4 AM 7: 59			
	·					SECRETARY TALLAHASSE	OF STATE		
Principal Place of Business Mailing Address						TALLAHASSE	E, FLURIUA		
16346 EAST AIRPORT CIRCLE 16346 EAST AIR AURORA CO 80011 AURORA CO 80			ST AIRPORT CIRCLE CO 80011						
2. Principal P	Place of Business	3. Mailing Address	Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State C		City & State	City & State			4. FEI Number Applied For 390–24–0043 Not Applicable			
Zip	Country	Zip -	Cour	itry		icate of Status Desired	□ \$5.00 Fee Red	Additional quired	
,	6. Name and Address of Current I	Registered Agent				and Address of New R	legistered Agent		
الله الله الله الله الله الله الله الله				Name					
	PORATION SYSTEM JTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
PLANTATI						!			
	•			City			FL Zip	Code	
8. The above	named entity submits this statement for	the purpose of changing it	s registere	ed office or re	egistered agent, o	or both, in the State of Flo	orida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signature	required when reinstatir	ng)	, DATE		
	,	FILE N	FILE NOW!!! FEE IS \$50.00 ake Check Payable to Department of				2/010112	125 7005 ***50-00	
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS,		***************************************	
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11. I hereby o	certify that the information supplied with	this filing does not qualify fo	or the exe	mption stated	l in Section 119.0	7(3)(i), Florida Statutes.	I further certify that t	he information	
limited lia	on this report is true and accurate and bility company or the receiver or truster	nactny signature snali nave empowered to execute this	ruie same report as	required by	as ir made under Chapter 608, Floi	ivairi, iriai i am a manag rida Statutes.	hing member of mar	rader or rue	[

Sole
David W. Graebel, Member (303) 214-6683 ND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #