## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004842

Entity Name: G.W.D., LLC

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

739 SOUTH ATLANTIC AVENUE 3691 OLD BALD MT RD ORMOND BEACH, FL 32176 BLAIRSVILLE, GA 30512

Current Mailing Address: New Mailing Address:

3691 OLD BALD MT. RD. BLAIRSVILLE, GA 30512

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ADAMS, ROSS W
739 SOUTH ATLANTIC AVENUE
ADAMS, ROSS W
3691 OLD BALD MT RD

ORMOND BEACH, FL 32176 US BLAIRSVILLE, GEORGIA, FL 30512 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: ROSS W ADAMS 01/10/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 ADAMS, ROSS W
 Name:
 ADAMS, ROSS W

 Address:
 739 S ATLANTIC AVE
 Address:
 3691 OLD BALD MT RD

 City-St-Zip:
 ORMOND BEACH, FL 32176
 City-St-Zip:
 BLAIRSVILLE, GA 30512

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ADAMS, WOODY
 Name:

 Address:
 3691 OLD BALD MT. RD.
 Address:

 City-St-Zip:
 BLAIRSVILLE, GA 30512
 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: ROSS W ADAMS MGRM 01/10/2006