2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2007
Secretary of State

DOCUMENT# L00000009891

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

Current Principal Place of Business:

4348 SOUTHPOINT BLVD, STE 200
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4348 SOUTHPOINT BLVD, STE 200
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3666335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALTON, BOBBY L
4348 SOUTHPOINT BLVD STE 200
JACKSONVILLE, FL 32216 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:	MGR	( ) Delete
Name:	COPPENBURGER, RONALD	
Address:	7700 SQUARE LAKE BLVD	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	MGR	( ) Delete
Name:	COLLINS, JD	
Address:	3840 CROWN POINT RD STE #A	
City-St-Zip:	JACKSONVILLE, FL 32257 US	
Title:	MGRM	( ) Delete
Name:	WALTON, BOBBY L	
Address:	279 SOPHIA TERRACE	
City-St-Zip:	ST. AUGUSTINE, FL 32095 US	
Title:	MGR	( ) Delete
Name:	WILLIAMS, WALTER JR	
Address:	10450 SAN JOSE BLVD	
City-St-Zip:	JACKSONVILLE, FL 32257 US	
Title:	MGR	( ) Delete
Name:	HOLMES, LOCKWOOD	
Address:	4599 ORTEGA ISLAND DR.	
City-St-Zip:	JACKSONVILLE, FL 32210 US	

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

I hereby certify that the information supplied with this filing does not qualify 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: BOBBY L WALTON MGRM 06/07/2007

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