
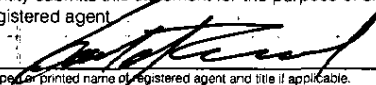
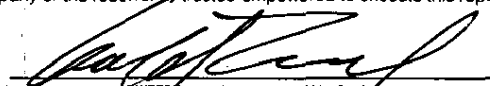


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90504 008 *****50.00

DOCUMENT # L00000010898						
1. Entity Name H & W HOLDINGS, L.L.C.						
Principal Place of Business 720 PONCE DE LEON DRIVE FORT LAUDERDALE, FL 33316			Mailing Address 720 PONCE DE LEON DRIVE FORT LAUDERDALE, FL 33316			
STATE OF FLORIDA						
2. Principal Place of Business 720 PONCE DE LEON DR.			3. Mailing Address P.O BOX 22339.			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE FL		4. FEI Number 65-1062064		
Zip 33316		Country BROWARD		Zip 33335		
Country BROWARD		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BALOCCO, JOSEPH M 1323 SE THIRD AVENUE FORT LAUDERDALE, FL 33316				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent						
SIGNATURE 				DATE 3 JUNE 2004		
(NOTE: Registered Agent signature required when reinstating)				Filing Fee is \$50.00 Due by May 1, 2004		
Make check payable to Florida Department of State				Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE MGRM	NAME HAMEL, GERALD E		<input type="checkbox"/> Delete	TITLE MGRM	NAME HAMEL, GERALD E	
STREET ADDRESS 720 PONCE DE LEON DRIVE	CITY-ST-ZIP FORT LAUDERDALE, FL 33316		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 720 PONCE DE LEON DRIVE	CITY-ST-ZIP FORT LAUDERDALE, FL 33316	
TITLE MGRM	NAME WU, JAMES D		<input checked="" type="checkbox"/> Delete	TITLE MGRM	NAME WU, JAMES D	
STREET ADDRESS 865 1/2 CARINA LANE	CITY-ST-ZIP FOSTER CITY, CA 94404		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 865 1/2 CARINA LANE	CITY-ST-ZIP FOSTER CITY, CA 94404	
TITLE MGRM	NAME WU, JAMES D		<input type="checkbox"/> Delete	TITLE MGRM	NAME WU, JAMES D	
STREET ADDRESS 865 1/2 CARINA LANE	CITY-ST-ZIP FOSTER CITY, CA 94404		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 865 1/2 CARINA LANE	CITY-ST-ZIP FOSTER CITY, CA 94404	
TITLE MGRM	NAME WU, JAMES D		<input type="checkbox"/> Delete	TITLE MGRM	NAME WU, JAMES D	
STREET ADDRESS 865 1/2 CARINA LANE	CITY-ST-ZIP FOSTER CITY, CA 94404		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 865 1/2 CARINA LANE	CITY-ST-ZIP FOSTER CITY, CA 94404	
TITLE MGRM	NAME WU, JAMES D		<input type="checkbox"/> Delete	TITLE MGRM	NAME WU, JAMES D	
STREET ADDRESS 865 1/2 CARINA LANE	CITY-ST-ZIP FOSTER CITY, CA 94404		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 865 1/2 CARINA LANE	CITY-ST-ZIP FOSTER CITY, CA 94404	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 				DATE 3/JUNE/2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #		