

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90071 001 \*\*\*110.00

DOCUMENT # L00000012243

1. Entity Name

IWD, L.L.C.



Principal Place of Business

Mailing Address

% METRO WEST COUNTRY CLUB  
2100 S. HIAWASSEE ROAD  
ORLANDO FL 32835

% METRO WEST COUNTRY CLUB  
2100 S. HIAWASSEE ROAD  
ORLANDO FL 32835

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1049425

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC.  
390 N. ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGRG  
GUISEPPI, MARC  
2100 SOUTH HIAWASSEE ROAD  
ORLANDO FL 32835 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
mbr  
Tony Austin  
2100 S. Hiawasse Rd.  
Orlando, FL 32835 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Tony Austin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #