


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000013346 1. Entity Name AHWIYAH, L.L.C.	
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Principal Place of Business 1145 N. LAKE SHORE BLVD. LAKE WALES, FL 33853	Mailing Address 1145 N. LAKE SHORE BLVD. LAKE WALES, FL 33853
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 91-2100021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SORENSEN, STEPHEN D 1145 N LAKESHORE BLVD LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SORENSEN, STEPHEN D 1145 N. LAKE SHORE BLVD. LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SORENSEN, GEORGIANNA W 1145 N. LAKE SHORE BLVD. LAKE WALES, FL 33853
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<p>U000000763480 05/30/07-80012-006-50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/7/07 863622507
Date Daytime Phone