


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90081 020 ****50.00

DOCUMENT # L01000005166		
1. Entity Name W3, LLC		

Principal Place of Business 9785 CAMBERLEY CIRCLE ORLANDO, FL 32836-5746	Mailing Address 9785 CAMBERLEY CIRCLE ORLANDO, FL 32836-5746
--	--

24059981

2. Principal Place of Business 11313 Bridge House Rd	3. Mailing Address 11313 Bridge House Rd
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State Windermere, FL	City & State Windermere, FL
--------------------------------	--------------------------------

Zip 37486	Country Orange	Zip 37486	Country Orange
--------------	-------------------	--------------	-------------------


04212004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3713463	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent VALENTINE, STEPHEN F 5205 S. ORANGE AVE., STE. 201 ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Valentine, Stephen F. Street Address (P.O. Box Number is Not Acceptable) 1617 Woodward Street City Orlando FL Zip Code 32803	
---	--	--	--

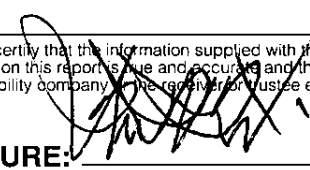

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALKER, WILLIAM W 9785 CAMBERLEY CIRCLE ORLANDO, FL 328365746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALKER, MARY JANE L 9785 CAMBERLEY CIRCLE ORLANDO, FL 328365746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALKER, WILLIAM WAYNE 9785 CAMBERLEY CIRCLE ORLANDO, FL 328365746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALKER, RYAN PIERCE 9785 CAMBERLEY CIRCLE ORLANDO, FL 328365746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 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, MANAGER, OR AUTHORIZED REPRESENTATIVE**
Date  Daytime Phone #