


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90288 024 ****50.00

DOCUMENT # L01000005166 1. Entity Name W3, LLC	
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Principal Place of Business 11313 BRIDGE HOUSE RD WINDERMERE, FL 37486	Mailing Address 11313 BRIDGE HOUSE RD WINDERMERE, FL 37486
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DO NOT WRITE IN THIS SPACE



02022006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3713463	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 VALENTINE, STEPHEN F 1617 WOODWARD STREET ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
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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.

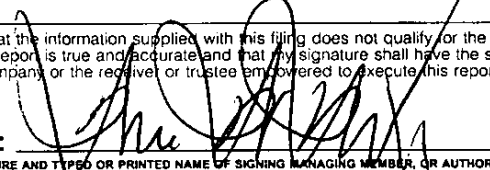
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALKER, WILLIAM W 11313 BRIDGE HOUSE RD WINDERMERE, FL 37486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALKER, MARY JANE L 11313 BRIDGE HOUSE RD WINDERMERE, FL 37486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALKER, WILLIAM WAYNE 11313 BRIDGE HOUSE RD WINDERMERE, FL 37486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALKER, RYAN PIERCE 11313 BRIDGE HOUSE RD WINDERMERE, FL 37486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #