

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90075 005 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005995

1. Entity Name

BW PARTNERS, LLC

Principal Place of Business

548 48TH ST. CT. EAST
BRADENTON FL 34208

Mailing Address

548 48TH ST. CT. EAST
BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

P.O. Box 449

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ELLINGTON FL

4. FEI Number 65-1117231

Applied For

Not Applicable

Zip

Country

Zip

Country

34222

USA

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

BLALOCK LANDERS WALTERS & VOGLER, P.A.
 802 11TH STREET WEST
 BRADENTON FL 34205

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Thomas B. Brown - MANAGER 548 48th St. Ct. E. Bradenton, FL 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		John A. Weichel - MANAGER 4401 Riverview Blvd. Bradenton, FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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)(l), 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:

Thomas B. Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-1-02

941-741-2500

Date

Daytime Phone #

CR2E083 (9/01)