


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000021819</b> 1. Entity Name LWR, L.L.C.	
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Principal Place of Business 10720 S.W. 69TH COURT MIAMI, FL 33156	Mailing Address 10720 S.W. 69TH COURT MIAMI, FL 33156
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<b>DO NOT WRITE IN THIS SPACE</b>
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04252004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-2740703	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  MCMAHON, PAUL JOSEPH 2840 S.W. THIRD AVENUE MIAMI, FL 33129
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000134975  
04/28/04-80040-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDMAN, ANN R 10720 SW 69 CT. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PANKEY, NANCY R 183 CARROLL ST ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCMANHON, MARGARET R 1040 VALENCIA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTS, WILLIAM A 3540 RESERVOIR RD. NW WASHINGTON, DC 20007
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  <b>SIGNATURE:</b> <i>Ann Goldman</i> ANN GOLDMAN 4/27/04 305-665-1074 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date Daytime Phone #
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