

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021819	
1. Entity Name LWR, L.L.C.	
Principal Place of Business 10720 S.W. 69TH COURT MIAMI, FL 33156	Mailing Address 10720 S.W. 69TH COURT MIAMI, FL 33156



01252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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	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, 2005**

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04/21/05-80039-011 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	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Ann Goldman Ann Goldman 4/19/05 1074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #