

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 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



03202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2740703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCAHON, PAUL JOSEPH
2840 S.W. THIRD AVENUE
MIAMI, FL 33129

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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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05/17/07-80066-004 50.00

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:

Ann R Goldman

4/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #