

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000004420

1. Entity Name

LW ASSOCIATES SOUTH, L.L.C.



Principal Place of Business

5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

Mailing Address

5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

59-2615538

Applied For

Not Applicable

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

LYNCH, JOHN J
5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

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. 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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME WEAVER, GEORGE W
STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Change ☐ Addition
U000000080010
03/08/04-80091-018 50.00

TITLE MGRM ☐ Delete
NAME LYNCH, JOHN J
STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

John Lynch

JOHN LYNCH

3-4-04

954 771-4400

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

Date

Daytime Phone #