2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

ANNUAL REPORT					, 2003 00.00
DOCUMENT # L02000004420 1. Entity Name				Seci	retary of Stat
LW ASSC	OCIATES SOUTH, L.L.C.				
Principal Place of Business Mailing Address 5300 NORTH FEDERAL HIGHWAY 5300 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308					ESTI STEIN SIGNS NOT SENSON IN 1881
	2 mary -				
DO NOT WRITE IN THIS SPACE				01062005 No Chg-LLC C	:R2E083 (10/03)
				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		95. Van	•
LYNCH, JOHN J 5300 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308			DO NOT WRI		
				IN THIS SPA	OL.
	named entity submits this statement for ions of registered agent	r the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE	Signature, lypod or product name of registered agent	and tille if applicable (NOTE: Register	d Agent signature required	J when reinstating)	DATÉ
Fi D	iling Fee is \$50.00 ue by May 1, 2005		 		,
9.	MANAGING MEMBE	R\$7MANAGERS		The second secon	
TITLE	MGR				
NAME STREET ADDRESS	WEAVER, GEORGE W 5300 NORT <u>H</u> FEDERAL HIGHW	AY .	ļ		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	 	=	UOUUUZ	ONART
TITLE NAME	MGRM LYNCH, JOHN J		,		0029-010 50.00
STREET ADDRESS	5300 NORTH FEDERAL HIGHW				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	·	-		
NAME			ľ		
STREET ADDRESS CITY-ST-ZIP			}	DO NOT WR	ITE
TITLE				IN THIS SPA	CF
NAME STREET ADDRESS			[114 11110 0171	-
CITY-ST-ZIP			1		
TITLE		77.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	1	· · · · · · · · · · · · · · · · · · ·	• •
NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE	ŧ				ore to the ended of the early

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Fiorida 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

NAME STREET ADDRESS CITY-ST-ZIP

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

L_/_05

754-771-4400

Daytime Phone #