


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90311 037 \*\*\*138.75

|  |   |
|--|---|
| <b>DOCUMENT # L02000005427</b>           |  |
| 1. Entity Name<br><b>RW TRUSTEE, LLC</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>2607 VINEDALE AVE<br/>VALRICO, FL 33594</b> | Mailing Address<br><b>PO BOX 6285<br/>BRANDON, FL 33508-6005</b> |
|---|--|

**60025829**



|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>2607 Vinedale Ave</b> | 3. Mailing Address<br><b>PO Box 6285</b> |
| Suite, Apt. #, etc.<br><b>Valrico, FL</b>                                  | Suite, Apt. #, etc.                      |

04072008 Chg-LLC CR2E083 (12/06)

|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br><b>Valrico, FL</b> | City & State<br><b>Brandon, FL</b> |
| Zip<br><b>33594</b>                | Country<br><b>USA</b>              |
| Zip<br><b>33508-6005</b>           | Country<br><b>USA</b>              |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>04-3664077</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>WILSON, RICHARD G<br/>2607 VINEDALE AVE<br/>VALRICO, FL 33594</b> |  |
|---|--|

|   |                          |
|---|--------------------------|
| 7. Name and Address of New Registered Agent                                       |                          |
| Name<br><b>No change</b>  |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>change zip code only</b> |                          |
| City<br><b>FL</b>   | Zip Code<br><b>33594</b> |

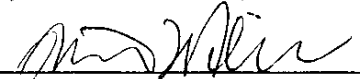
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS                 |   | 10. ADDITIONS / CHANGES                        |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>WILSON, RICHARD G<br/>2607 VINEDALE AVE<br/>VALRICO, FL 33594</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>Wilson, Richard G.<br/>2607 Vinedale Ave<br/>Valrico, FL 33594</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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.

|  |                     |                                |
|--|---------------------|--------------------------------|
| <b>SIGNATURE:</b>                 | <b>4/17/08</b>      | <b>813 293-7424</b>            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |