

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90057 039 ****50.00

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04062004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000008410 1. Entity Name D.W.O. MANAGEMENT, LLC					
Principal Place of Business 8374 MARKET STREET, BOX 485 BRADENTON, FL 34202-5137			Mailing Address 8374 MARKET STREET, BOX 485 BRADENTON, FL 34202-5137		
2. Principal Place of Business 7139 BOCA GROVE PL Suite, Apt. #, etc. 203		3. Mailing Address 7139 BOCA GROVE PL Suite, Apt. #, etc. 203			
City & State BRADENTON FL Zip 34202		City & State BRADENTON FL Zip 34202		4. FEI Number 37-1433947 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORIARTY, BRENDEN S ESQUIRE 1023 MANATEE AVENUE WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name DAVID OFFEN Street Address (P.O. Box Number is Not Acceptable) 7139 BOCA GROVE PL, #203 City BRADENTON, FL 34202 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OFFEN, DAVID 8374 MARKET ST BOX 485 BRADENTON, FL 342025137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	7139 BOCA GROVE PL, #203 BRADENTON, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 104/15/04 <small>Daytime Phone #</small>	