2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

	~11	IVAL	1721 0171							•		
DOCUMENT # L0200008410 1. Entity Name D.W.O. MANAGEMENT, LLC								04-28			39 ****50	.00
Principal Place	of Business	Mailing Address				24056716						
8374 MARKET STREET, BOX 485 BRADENTON, FL 34202-5137			8374 MARKET STREET, BOX 485 BRADENTON, FL 34202-5137				24000120					
												
2. Principal Place of Business 7139 BOCA GVOUE PL			3. Mailing Address 7139 BOCA GrovE PL			L			HII 13 11 15 11			
Suite, Apt. #, etc. 2-03			Suite, Apt. #, etc. 2-03				04062004	Chg-L	LC	CR2E0	83 (10/03)	
BRADENTON FL					i_	4. FEI Number 37-1433947					plied For Applicable	
Zip 34202	Country	SA	34202	Coun	5A		5. Certificate	of Status	Desired		\$5.00 Add Fee Required	
ļ	6. Name and Address	of Current F	tegistered Agent		Name		7. Name and	Address	of New Re	gistered	Agent	
MORIARTY, BRENDEN S ESQUIRE					DA	JID	OFFER					
1023 MANA	TEE AVNEUE WES		Street A	Street Address (P.O. Box Number is Not Acceptable) 7139 BCCA GVOJE PL #203								
						ATV	, ממכת	57 7	34207	FL	Zip Code	,
8. The above n	amed entity submits this	statement for	the purpose of changing its r	egistere	ed office of	register	ed agent, or bo					and accept
the obligation	ns of registered agent.	N								1.		1
SIGNATURE Y	ignature, typed or printed name of	47	nd title if applicable. (NOTE:	Penintera	d Acent signar	uce required	when reinstating)			V O	<u>4/15/</u>	04
	gradure, typed or printed manie of	gistered agent at	THE THE TE ADDITION OF THE TENT	I ID GISTON	a regard signal	are redoied	White (Gristatilis)	(add 17%	in Texane	hiji k	16.00 F (1.00)	38118.731
Fili Du	ng Fee is \$50.00 e by May 1, 2004										payable to sent of State	
9.		ING MEMBER	RS/MANAGERS	10.				AD	DITIONS/	CHANGES		
1	MGR OFFEN, DAVID		☐ Delete	TITLI							Change	Addition
1					ET ADDRESS	7139	9 BOCA	Coron	E PL,	#203	3	
CITY-ST-ZIP BRADENTON, FL 342025137			CITY		-S7-ZIP	Bri	ADENTO	FL	342	02		
TITLE			☐ Delete	TΠL				,		-	☐ Change	Addition
NAME STREET ADDRESS			NAM		ME NEET ADDRESS							•
CITY-ST-ZIP				1	-ST-ZIP							
TITLE	, , , , , , , , , , , , , , , , , , ,		□ Delete	IIIL							Change	☐ Addition
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STREET ADDRESS	e),				EET ADDRESS '-ST-ZIP							
	<u> </u>					 					☐ Change	☐ Addition
TITLE	#		☐ Delete	TITL						,	L_1 Change	☐ Addition
STREET ADDRESS				STR	EET ADDRESS	ļ						
CITY - ST - ZIP			<u></u>	CITY	-ST-ZIP							
TITLE			Delete	TITL							Change	☐ Addition
NAME STREET ADDRESS				NAN STR	eet address							
CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITL	.E	1					Change	Addition
NAME				NAN								
STREET ADDRESS		-			EET ADDRESS (-S1-ZIP		•					
CITY-ST-ZIP	ortifu that the information	nunnlind with	this filing does not qualify for			ted in Se	action 119 07/3	Vi) Florida	Statutoe I	further co	artify that the i	nformation
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11. Hereby certify that the information supplied with this iting does not qualify for the exemption stated in Section 1.0.7(3)(i), Florida Statutes. 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.

CIONATURE DAVID

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

104/15/04

Daytime Phone #