FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90029 003 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008410

1. Entity Name
D.W.O. MANAGEMENT, LLC

60035348

04252006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
7139 BOCA GROVE PL 203 BRADENTON, FL 34202	7139 BOCA GROVE PL 203 BRADENTON, FL 34202

2. Principal Place of Business		3. Mailing Address	
8374 Market St #485		8374 Market St. #485	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bradenton, FL		City & State: Bradenton, FL	
Zip: 34202	Country: USA	Zip: 34202	Country: USA

4. FEI Number: 37-1433947 ☐ 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
OFFEN, DAVID 7139 BOCA GROVE PL BRADENTON, FL 34202	Name: Offen, David Street Address (P.O. Box Number is Not Acceptable): 8374 Market St #485 City: Bradenton FL Zip Code: 34202

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 04/27/06 DATE

Filing Fee is $50.00
Due by May 1, 2006

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 7139 BOCA GROVE PL BRADENTON, FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8374 Market St. #485 Bradenton, FL 34202	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — 04/27/06 Date — Daytime Phone #