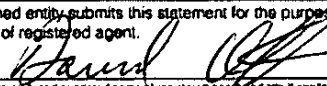
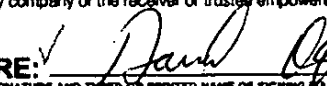


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90029 003 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000008410			
1. Entity Name D.W.O. MANAGEMENT, LLC			
Principal Place of Business 7139 BOCA GROVE PL 203 BRADENTON, FL 34202		Mailing Address 7139 BOCA GROVE PL 203 BRADENTON, FL 34202	
2. Principal Place of Business 8374 MARKET ST #485 Suite, Apt. #, etc.		3. Mailing Address 8374 MARKET ST #485 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 OFFEN, DAVID 7139 BOCA GROVE PL BRADENTON, FL 34202		7. Name and Address of New Registered Agent 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:  DATE: 04/27/06 Signature: typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when relocating)			
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	☒ Change ☐ Addition 8374 MARKET ST. #485 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  DATE: 04/27/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			