


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


DOCUMENT # L02000016898 1. Entity Name L-P-W DEVELOPMENT GROUP, LLC	
--	---

Principal Place of Business 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	Mailing Address 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
--	--

DO NOT WRITE IN THIS SPACE

BK

FILED
04 MAR -2 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0097138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POPE, BERT S
1909 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFE, WALTER H JR 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100029962791
03/05/04--01065--001 **50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Walter H. Wolfe, Jr.* **MANAGING MEMBER**
WALTER H. WOLFE, JR. 3-1-04 850-222-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #