


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
05 FEB 16 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L02000016898</b> 1. Entity Name L-P-W DEVELOPMENT GROUP, LLC	
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Principal Place of Business 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	Mailing Address 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
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**DO NOT WRITE IN THIS SPACE**

02102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0097138	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  POPE, BERT S 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFE, WALTER H JR 1909 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-11-05 850-222-6102  
Date Daytime Phone #

WALTER H. WOLFE, JR.