

**FILED**

**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000024770

1. Entity Name

CWH SAWGRASS, LLC

Principal Place of Business

21715 CARTAGENA DRIVE

BOCA RATON FL 33428

Mailing Address

21715 CARTAGENA DRIVE

BOCA RATON FL 33428

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

16-1628937

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E083 (10/04)

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRIX, III, CHARLES W

21715 CARTAGENA DRIVE

BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

MGRM

NAME

HENDRIX, CHARLES W

STREET ADDRESS

21715 CARTAGENA DRIVE

CITY- ST- ZIP

BOCA RATON FL 33428

Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

Delete

U000000320642

04/21/05-80046-017 50.00

Change

Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles W. Hendrix

Charles W. Hendrix

4-18-05

561-482-5764

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

Date

Signature Phone #